1. PLACE OF DEATH	
	23
County Baltimore	Registration Dist. No. 33
Village or City MT. Pleasant Santaucu /	Cleanders tacos, Md. St., Ward
Langth of residence in city or town where death occurred 2 we / m	If death occurred in a hospital or institution, give its NAME instead of street and number)  os. 20 ds. How long In U.S. if of foreign birth? 22 yrs. mos. ds.
Longin of residence in only of town more useful occurred.	Joseph Lus. How long in 0.5.11 of following in this - 2-2-315
2. FULL NAME Samuel Getterm	Exe St. Balkan Md. Balto. Md.
(a) Residence: No. 36/3 W. Gallison a (Usual place of abode)	Bel St., 12 althord. Md.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX  4. COLOR OR RACE  OR DIVORCED (write,the word)  Marked	21. DATE OF DEATH October 21, 193.7 (Month) (Day) (Year)
HUSBAND of Sarah ackerman	22. I HEREBY CERTIFY. That I attended deceased from Sept 1, 1935, 15 to October 21, 1937
DATE OF BIRTH (month, day, and year) July (3) 1875	I last saw h_J m_ alive on October 3/ ,19.3.7; deeth is said
AGE Years Months Days If LESS than	to have occurred on the date stated above, at \$2.30P_m.
62 yns 3 month, (, ?) 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or perticular	were es follows Pulmenary Inherculosis Date of one of 21 year
Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc Jasla Shop	
this occupation (month ond 14141 1412 Shell (III (1412	
year) occupation occupation	Other Contributory Causes of importance:
2. BIRTHPLACE (city or town) Russia (State or country)	Suberculairo Laryngetio
13. NAME Marris Wekerman.	
14. BIRTHPLACE (city or town) Reusia	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy? No.
15. MAIDEN NAME annita Dergie  16. BIRTHPLACE (city or town) Revesia	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Revesia	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did Injury occur? (Specify city or town, county and State)
7. INFORMANT GLACIE MALENTANIA (Address) 4538 Vingennia	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL 10-22-37	Manner of injury
Place Lungedale Date 19	Neture of Injury
9. UNDERTAKER BULL Laure (Address) 1432 Bull	24. Wes disease or injury in any way related to occupation of deceased?
OFFILED OUZZ 1927 FRUTTINI	(Signed) Av Millard Affrey M. D.  (Address) AN Cleasent Santaskin
Registrar.  If more blanks are needed address Seate Penistra	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. Ressuration, My

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I was a see the respective of the second se	ACCOUNT OF THE PARTY OF THE PAR	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis NOV 9 1497	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	-14 [		•
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1.

	HYSI-	Exact		
)	CE should be stated EXACTLY, P	that it may be properly classified.	ions on back of certificate.	
	. B Every item of information should be carefully supplied ACE should be stated EXACTLY, PHYSI-	CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact	statement of OCCUPATION is very important. See instructions on back of certificate.	
>	. B EV	0	St	

/	PLACE OF DEATH unty Baltimore	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 30
Villag	2 FULL NAME Charles O. D. Adams	ion, give its NAME in-
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1 2	ale White Single, Married Widowed OR Divorced (Write the word)  April 1 (Month) (Day) 1.864	October 22 , 1987 (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended the deceased from OCC 21 1937, to OCC 22 , 1977.  that I lost saw h alive on 3.45 MM. Occ 12 , 1977.  and that death occurred on the date stated above, at 3 45 Aem.
7 AGI	If LESS than I dayhrs73yrs6mos21.ds.or min.?	The CAUSE OF DEATH is was as follows:  Chronic Mycardelis
bu	General nature of industry siness, or establishment in nich employed or (employer)	Contributory Secondary  (Duration) S. yrs. mos. de.
	Baltimore Maryland  10 NAME OF FATHER  Charles Adams	(Signed) Robert B. Tanfor M. D.
ENTS	11 BIRTHPLACE OF FATHER (State or country) Baltimore Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal.
PAR	12 MAIDEN NAME OF MOTHER Mary Elizabeth Keys 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)
	OF MOTHER (State or country) Baltimore Maryland	of death yrsmosda, State,yrsmosda.  Where was disease contracted,
	(Informant) Mrs. Una Settle Adams  (Address) 35 Melvin Ave.	if not at place of death?  Former or usual residence
15 F	iled 10/23 1923 Alla Registrar	Greenmount Cemetery OCT. 25

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the bisease causing Death, gaged in domestic service for wages, as Screant, Cook, definite salary), may be entered as Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. whatever, write None. fired 6 grs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (re-Housemerid, etc. to report specifically the occupations of persons enployed, as At "chool or At home. Care should be taken household only (not paid Housekeepers who receive a en at home. laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc. worked on may form part of the second statement. a 'ditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques cupation is very important, so that the relative health Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully emspecially in industrial employments, it is neceswithout more precise specification as Day who are engaged in the duties of the If the occupation has been changed As examples: (a) Housewife, House-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the mane disease. Examples: Corobrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia.")

Dead Nomenclature of the American Medical Association.) train quences (e.g., sepsis, totanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. as probably such, if impossible to determine definitely "Puenperal sopticaemia." "Punperal peritonitis," can be ascertained as the cause. Always quality all rhage," "Inanition." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" (merely ary), 10 ds. Never report mere symptoms or terminal stated unless important. unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF taken. For VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Uraemia," "Weakness." etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure," "Haemorcausing death), 29 ds.; Bronchopneumonia (seconduse of "Tumor" for malignant neoplasms); Meastes; myes, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ....... (name origin; "Cancer" is less definite; avoid vulsions," Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be Whooping cough; of "contributory." of cause of death approved by Committee -accident; Revolver wound of head-homicide; "Debility" ("Congenital," "Scnile," etc.), Chronic valvular (Recommendations on state-Example: Meastes (disease hcart

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

NOV

I. PLACE OF DEATH		<b>95-</b> F)
County 2001	orc	Registration Dist. No. 40
/ Village or City Cowenter	<b>て</b>	No. St., Ward
Length of residence in city or town where death  2. FULL NAME Mary		death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmosds.
(a) Residence: No. Cowelita	(Usual place of abode)	St., Ward.  If nonresident give eity or town and State
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	INGLE, MARRIED, WIDOWED, R DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
HUSBAND of (or) WIFE of OLM  6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months  7. Houstry or business in which work was done, as SPINNER, SAWYER, BOOKKEPPER, etc  9. Industry or business in which work was done, as SILK MILL MORE AND MILL, BANK, etc  10. Date deceased lest worked et this occupation (month end year)  12. BIRTHPLACE (city or town)	Days If LESS than 1 day, hrs. 1 or min.  1. Total time (yeers) spant In this occupation  for	22. I HEREBY CERTIFY, That attended deceased from 1937, to 21 3 1937.  I lest saw here alive on 21 5 1937; death is said to have occurred on the date stated above, at 11 Pm.  The PRINCIPAL CAUSE OF DEATH and ralated causes of importance ware as fellows:  Data of onset 2 10 10 10 10 10 10 10 10 10 10 10 10 10
13. NAME  14. BIRTHPLACE (city or town)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  18. NAME  19. MAIDEN NAME  10. BIRTHPLACE (city or town)  (State or country)	any.	Name of operation
18. BURIAL, CREMATION, OR REMOVAL	alm olan	Manner of injury  Nature of Injury  24. Was disease or injury In any way related to occupation of deceased?  If so, specify  (Signed)  M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93'e)
County Daltingere	Registration Dist. No.
Village or City & parrows Point	No. Shace Na Lynchpoint St., Ward
Length of residence in city or town where deeth occurred by yrsmos.	death occurred in a hospital or institution fave its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Henry altrater	If U. S. Veteran, specify WAR House
6	Ward.
(Usual place abode)	If nonresident give eity or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE OR DIVORCED (write the word) Williams	21. DATE OF DEATH October 2/, 193 7/ (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Anna Altrater	22. 1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) October 1897	I last saw h alive on Oct . 20 1937; death Is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 9. A. m.
60   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Belt of Core orly. SAWYER, BOOKKEEPER, etc.	Chronic Myocarditis 1927
kind of work done, es SPINNER, Belt of Leafer  SAWYER, BDOKKEPFE, etc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et  11. Totel time (years) spent in this	
10. Date deceased last worked et this occupation (month and 2011. 136 spent in this occupation year)	
12. BIRTHPLACE (city or town) Baltiniare,	Other Contributory Canoco of importance hrombosis 1936
(State or country) Mod.	Oedema of lower pet 1.193
14. BIRTHPLACE (city or town) Ballingere.	ex Frenches
(State of country)	Name of operation
15. MAIDEN NAME Welles (last unknown)	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
15. MAIDEN NAME Allega (last unknown)  16. BIRTHPLACE (city or town) Dermany.	Accident, suicide, or homicide?, 19, 19, 19
(State of County)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Stobert attrater (Sou) (Address) as above.	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Call January Date Oct 24, 1937	Manner of injury
19. UNDERTAKER Philip Sterwy Sons	24. Was disease or injury in any way related to occupation of deceased? NV
20. FILED Ct. 22, 1937 4 (motion ics (m) 2 Registrar.	(Signed) Sayus M. Jollyn M. D. (Address) Stranger & Court Well
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance?  Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance?

V. S. No. 1 N. B.-

should state

of OCCUPA-

STATE OF MARYLAND	CERTIFICATE OF DEATH 10673
1. PLACE OF DEATH	(106-0)
County Ballinge	Registration Dist. No. 149
Village or City Lundalk	No. Diehl's Farm. St., Ward
	f death occurred in a horpital or institution, give its NAME instead of street and number)  sds. How long In U.S. if of foreign birth?
00.0	If U. S. Veteran, specify WAR
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
A. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
	, 19, to, 19, 19
DATE OF BIRTH (month, day, and year) July 18th 1937	l last saw h; deeth is said
AGE Years Months Days If LESS than I dayhrs.	to have occurred on the date steted above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance
2 24   1 day, mis.	were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	a cold a deep cold a 4 story.
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked et	1 Juntelimined
SAW MILL, BANK, etc. 11. Total time (years)	- A was
10. Date deceased last worked et this occupation (month and year) 11. Total time (years)	Cau
A I A Balli	Other Contributory Causes of importance:
2. BfRTHPLACE (city or town)  (State or country)	multiple birth with of thouse
	-
1	
(State or country)	Name of operation Date of
IS. MAIDEN NAME Thadeland Thansa	What test confirmed diagnosis? Was there an au opsy?  23. If death was due to external causes (VIOLENCE) fill in also the following:
2/:	Accident, suicide, or homicide?
16. BIRTHPLACE (city or town)  (State or country)  (State or country)	Where did injury occur?
7. INFORMANT Madeli avery (Address)	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
B. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Int. Calvay Date Oct 12, 1937	Nature of injury
SW Cheer La	24. Was disease or injury in any way related to occupation of deceased?
9. UNDERTAKER S. 71 - Schere + Son (Address) 638 9. Silmore It.	If so, specify A A B
O. FILEO 1911/37, 19 mlearmone	(Signed) D. D. Grans, acting Corone

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis S	1 year

Called C. H. Dest. and They have bu	TATEMENTS BY PHYSICIAN The reend on tile: "1/12/34.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH	93-6
County Balliusse	Registration Dist. No. 38
Village or City Garseville	No. 2810 Laylor ave. St., Ward
Length of residence in city or town where death occurredyrs. 6mo	f death occurred in a hospital or institution, give its NAME instead of street and number)
( OD 078	13
7/ 0 0 -1	
(a) Residence: No. Hackewacke (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
male white married	(Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of Kuly I. Bacon	22. I HEREBY CERTIFY, That I attended deceased from  M. Ch. 15. 19.77 to Del. 19.77
6. DATE OF BIRTH (month, day, end year) Que a. 12. 1866	I last saw h. Law. alive on Oct 72 1937 ; deeth is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2m.
7/ / 24   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trede, profession, or particular Rind of work done as SPINNER	Date of one et al sur
kind of work done, as SPINNER, Broker SAWYER, BOOKKEEPER, etc.  Industry or business in which	Chr. myocarditis 1930
kind of work done, as SPINNER, Sawyer, Bo OKKEEPER, etc.  Industry or business in which work wes done, as SILK MILL, Saw MILL, BANK, etc.  10. Date deceased lest worked at 11. Total time (years)	
	Sussen seath probably
this occupation (month and aut. 37) spent in this occupation 22.	acute actabation
12. BIRTHPLACE (city or town). Washington	Other Cantributory Causes of Importance:
(State or country)	
13. NAME Samuel A. Sacon  14. BIRTHPLACE (city or town). Washington.	
14. BIRTHPLACE (city or town) Washington	Name of operation
(State of country)	What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME Jane P. Sangston 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill In also the following:
O 16. BIRTHPLACE (city or town)  (State or country)  (State or country)	Accident, suicide, or homicide? Date of Injury, 19
and B.	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Wash, W. To. Date 10/9 ,1937	Nature of injury
19. UNDERTAKER Llonard & Puck	24. Wes disease or Injury in any way related to occupation of deceased?
(Address) 5305 Harford Rd.	If so, specify
20. FILED 10/8 1937 a. M. Bacon	(Signed) M. D.
Registrar.	(Address) 1/5 6 bagar Jk.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.-The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	10-9		1
13 - Carrier Control of the Control		<b>.</b>	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			4-1

1	1. PLACE OF DEATH				GERTIFICATE OF DEATH	
	County Balt					
	Village or City	Catonsvil	death occurred	5 yr. 2 mas	No. Spring Grove St. Hospe St.,  f death occurred in a hospital or institution, give its NAME instead of street and it.  3. ds. How long in U.S. if of foreign birth? yrs. m	war
1	. FULL NAME				If U. S. Veteran, specify WAR	
	(a) Residence: No. Baltin	1307 Mor	Ling Ave	nue	St., Ward.  If nonresident give city or tawn and	State
applicaci	PERSONAL A				MEDICAL CERTIFICATE OF DEATH	
3.		LOR OR RACE white	5. SINGLE, MA	ARRIED, WIDOWED, CED (write the word) Tied	21. DATE OF DEATH October 7 (Month) (Dey)	, 193 7 (Yeer)
5a.	If married, widowed, or d HUSBANO of (or) WIFE of	ivorced Edward Ba	rratt		22. I HEREBY CERTIFY, That I attended Aug. 4	
6.	DATE OF BIRTH (month,	dev. end veer) M	av ?. 18	72	Hast saw h. er. alive on October 7	; deeth is sai
-	AGE Yeers	Months ?	Deys	If LESS then I dey,hrs.	to heve occurred on the dete steted above, at 7.05.2m.m.  The PRINCIPAL CAUSE OF DEATH and releted causes of importence were es follows:	
-		particular		_	were estuliows.	Date of onse
0	8. Trede, profession, or kind of work dor SAWYER, BOOKE	ne, es SPINNER, (EEPER, etc	housewi	i'e	Generalized arteriosclerosis be	1. 193
PAT	9. Industry or business work wes done,	s in which	home		Arteriosclerotic heart disease	
OCCUPATION	10. Date deceesed lest this occupation (	K, etc worked at month and	11. Tota	I time (years) pant in this coupationlife	with hypertension be	1. 1932
12	year) BIRTHPLACE (city or tow				Other Contributory Causes of Importance:	-
_	(State or country)				Manic depressive psychosis,	
TER.	13. NAME Eli	as T. Kin	gsbury		depressed	1932
FATHER	I4. BIRTHPLACE (city of (State or country	LOWII)	w York		Name of operation	
ER	15. MAIOEN NAME	Amanda E	. Younge	r	23. If deeth wes due to externel ceuses (VIOL ENCE) fill In elso the following	: no
15. MAIOEN NAME Amanda E. Younger 16. BIRTHPLACE (city or town) Pennsylvania (Stete or country)		Accident, suicide, or homicide? Dete of Injury Where did Injury occur?				
17	. INFORMANT Hos	spital rec	ords		(Specify city or town, county and States Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PL	ACE.
18	BURIAL, CREMATION, OF		Edward Co	ch. 9-, 1937	Manner of injury	
19	UNDERTAKER (Address)	bace II.	Durg	ree	24. Was disease or injury in eny wey related to occupation of deceased?	
20	FILED / 07	., 19	Colon	dien	(Signed) (at A Schulle)	To M.

If more blank of speed addies Sate Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		000	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

If so, specify

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1/ NOA 3 Tags.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDI	TIONAL SPACE FOR FU	RTHER STATEMENTS	BY PHYSICIAN	
1000	2.1	1	7	
DIDAGGE.	Valuence	eren ples		
, ,				

V. S. No. 1 N. B.—V

	STATE OF MARYLAND—	CERTIFICATE OF DEATH	0677
1	L PLACE OF DEATH		
	County Baltimore	Registration Dist. No. 21	
/	Village or City Garleton	No. St	Ward
	, C (If	death occurred in a hospital or institution, give its NAME instead of street and n	umber)
		eatty If U. S. Veteran, specify WAR	
	(a) Residence: No. Casteto (Usual place of abode)	St., Ward.  If nonresident give city or town and	State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3.	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 28	, 193 7
5a.	If married, widowad, or divorced	(Month) (Day)	(Year)
	HUSBAND of Beaungald Beatty	22. all HEREBY CERTIFY That I attended	deceasad from
6.	DATE OF BIRTH (month, day, and year) Let. 12, 1860	last saw h. Addive on Och 28, 193	daath is said
7	AGE Years Months Days If LESS than	to have occurred on the data stated above, at 3 P. m.	
	77 8 /6 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Z	8. Trada, profession, or particular kind of work dona, as SPINNER,	70	
PATION	SAWYER, BOOKKEEPER, etc.	Coro wary monoros	D'any
UPA	9. Industry or businass In which work was done, as SILK MILL, SAW MILL, BANK, etc	J	
OCCO	10. Data daceasad last worked at this occupation (month and spent in this year)		
-	oc.upation oc.upation	Other Contributory Causes of Importance	FILE
12.	(State or country)	July ocarpetes	robers.
~	4/	Orfero Ferrito	
FATHER	13. NAME Thomas Janney	Trone	
FAT	14. BIRTHPLACE (city or town)	Name of operation Date of	
8		What test confirmed diagnosis? Was thara an a	
HER	15. MAIDEN NAME Sarah C. Dracey	23. If daath was due to external causas (VIOLENCE) fill In also the following	
MOT	16. BIRTHPLACE (city or town)	Accidant, suicide, or homicide? Date of Injury	, 19
-	(State of County) Pollo lo hea	Where did injury occur?(Specify city or town, county and State	e)
	(Address) Para Dolani gard Beatty	Specify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	ACE.
18.	BURIAL, CREMATION, OR REMOVAL	Mannar of Injury	
_	Placa Serfud MA Data Oct 31 , 198)	Nature of injury	
19	UNDERTAKER Was C Brooks ASM	24. Was disease or injury in any way ralated to occupation of decaasad?	20
	(Addrass) Epaily md	If so, spacify	
20	FILED Got 24th 1937 m. Barling in D	(Signed)	W. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The state of the s	18		
Other contributory causes of importance:		Other contributory causes of importance:	
		Other contributory causes of importance.	
Gallstones	May 1,1923	Gastroenteritis	1 year
	.1	L	

# STATE OF MADVI AND CERTIFICATE OF DEATH

1. PLACE OF DEATH	CERTIFICATE OF DEATH
County Baltimore	Registration Dist. No. 42
Holathanna	Had athaness Are
(16)	No. 188. Let MOIT per 18 Vere St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth?
2. FULL NAME John II. Beck	If U.S. Veteran specify WAR
(a) Residence: No. Halethorpe Ave. & Vashin	
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX   4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)   110 OW er	21. DATE OF DEATH  OCKNORTH)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of the Julianna Coleman Beck	22. HEREBY CERTIFY. That attended deceased from 19.28, to 0.68.29.1937.
6. DATE OF BIRTH (month, day, and year) Peb. 3, 1848.	I last saw hern alive on Det Zo 1937; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at/245n.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Retired Salesman SAWYER, BOOKKEEPER, etc.	MAD : Mala
kind of work done, as SPINNERRetired Salesman SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	Courte / Vanco 200
SAW MILL, BANK, etc	
this occupation (month and spant in this occupation occupation	
	Other Contributory Canses of Importance:
12. BIRTHPLACE (city or town) (State or country)	Verno medadeli
	Music Mynaide
E 15. NAME TOTTY IL. DOGE	131 Faleral Coloract
13. NAME Perry R. Beck  14. BIRTHPLACE (city or town)	Name of operation
(0.000)	Whet test confirmed diagnosis?
I The state of the	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)  (Stete or country)	Accident, suicide, or homicide? Date of Injury, 19
(State of County)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mr. Francis Klemm (Address) Tale thorpe Ave. & Lashinton B)	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OR BEMOVAL	Manner of injury
Place Int. O/1Vet Date Oct. 50,19	Nature of injury
19. UNDERTAKER Harry H. hutstel	24. Was disease or injury in any way related to occupation of deceased? 24.
20. FILED 20. FILED 20. FILED 20. FILED 20.	(Signed) WM ausou M. D.
If many black many black is a first	(Address) Jalotterpour

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related eauses of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage NOV 1 130	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.	- 3		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			200000000000000000000000000000000000000

back

no

instructions

important.

OF

CAUSE mation

FION

WRITE

infor-

OCCUPA-

#### STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. middle (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. if of foreign birth? \_\_\_\_\_\_\_mos.\_\_\_\_\_ds. If U. S. Veteran, specify WAR. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DAVORCED (write the word) Single 5a. If married, widowed, or divorced HUSBAND of 22. That Lattended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, end year) 7. AGE Months Davs If LESS than to heve occurred on the date stated above, at-The PRINCIPAL CAUSE OF DEATH and related causes of importance or .... min. 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc ... 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.... 10. Date deceased last worked at this occupation (month and snantin this occupation \_\_ Other Contributory Causes of Importance: 12. BIRTHPLACE (city or town) (State or country) HER FAT Name of operation. 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis?\_\_\_\_\_ Was there an au'opsy?\_\_\_\_ OTHER 23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide? \_\_\_\_\_\_ Date of Injury \_\_\_\_\_ 19 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?\_\_\_\_ (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE,

18. BURIAL, CREMATION, OR 19. UNDERTAKER (Address)

Registrar

(Address

24. Was disease or injury in any way related to occupation of deceased?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Manner of Injury

Nature of Injury\_

If so, specify (Signed)\_

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes - Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago 1921 Run over by street car 1 week ago Chronic interstitial nephritis Julu 5.1927 Peritonitis 3 days ago Cerebral hemorrhage Other contributory causes of importance: Other contributory causes of importance: May 1.1923 Gastroenteritis Gallstones 1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
----------------------	---------	------------	----	-----------

FOR BINDING

MARGIN RESERVED

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10680
1. PLACE OF DEATH	51-0
County I classymore	Registration Dist. No. 37
Village or City to token surle	NoSt,Ward
,	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrsdsds.
11. 0.1	To the sound of th
2. FULL NAME HEURY GULLEGE	
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Lawrite the word)  Market	21. DATE OF DEATH OLS - 4 193 (Month) (Day) (Véar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Company Brishop.	22.   HEREBY CERTIFY That I stended deceased from 1937 to 1937
6. DATE OF BIRTH (month, day, and year) Sully 15-1874	I last saw h seculative on Cets '4, 1932; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 354m.
62 2 /19 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	T. DILLINE
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (manch and the company and the company and the company in this company in the company in the company in the company in the company and the company in the company	Wellowa Justate Jugo
work was done, as SILK MILL, Jetas from SAW MILL, BANK, etc.	with Weterkoeen
10. Date deceased last worked at this occupation (manth and 3 2 spent in this occupation occupation)	1
12. BIRTHPLACE (city or town) Baltimore	Other Contributory Codes of importance groups let 31/6
(State or country)	Hancko Hulkani Ha
13. NAME Henry Justing Sie	p f f
14. BIRTHPLACE (city or town)	Name of operation Date of Date of January Date of Date
(State of country)	What test confirmed diagnosis (Was there an autopsy)
E / //	23. In death was due to external causes (VIOLENCE) fill in also the following:
State or country)	Accident, solicide homicide? Date of injury, 19
17. INFORMANT May A & religion Bistury (Address) Loop be ensurable my	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In MOME, or in PUBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place of transport and Date of 199/	Nature of injury
19. UNDERTAKER Halliams Halliams (Address)	24. Was disease or injury In any way related to occupation of deceased?
20. FILED BA 4 , 193 William & Chilcoat Registrar.	(Signed) Multiply M.D. (Address) 3205 Melly M.D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	Nyear

B.—WRITE

# STATE OF MADVI AND CEDTIFICATE OF DEATH

1. PLACE OF DEATH  County Baltimore	THE DEATH	
County	Registration Dist. No. 10 No. 5 FM (VARV HVF St.,  If death occurred in a hospital or institution, give its NAME instead of street and number	Ward
	sds. How long in U.S. if of foreign birth?yrsmos	
2. FULL NAME ANNIE T. BLACK  (a) Residence: No. Seminary Avenue, Luthervil  (Usualplace of abode)	le St., Ward.  If nonresident give city or town and State	e
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
s. SEX Female  4. COLOR OR RACE white  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow	21. DATE OF DEATH Oct. 20 (Month) (Day)	3.7 (Year)
5a. If married, widowed, or divorced HOSBAND of Andrew L. Black (or) WIFE of Andrew L.	22. A LI HEREBY CERTIFY That I attended dece	
6. DATE OF BIRTH (month, day, and year) Oct. 21, 1844	I last saw hER alive on OCT 20 ,1937; de	ath is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 3/5A,m.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. At home	TALLIO FLOOK.	UNE
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and	INTERCAPSULAR FRACTURE RIGHT 1	27
10. Date deceased last worked at this occupation (month and year)	PEMWR	1
12. BIRTHPLACE (city or town) Scotland (State or country) SFDBURG	Other Coatributory Causes of importance:	
+: / -7		
13. NAME UNITARY (RNB) 14. BIRTHPLACE (city or town) Unknown	Name of operation // Date of	
(State of country)	What test confirmed diagnosis? Was there an autop	sev?
置 15. MAIDEN NAME Unknown	23. If death was due to external causes (VIOLENCE) fill in elso the following:	
15. MAIDEN NAME UNKNOWN  16. BIRTHPLACE (city or town) Unknown (State or country) SCOTLANII	Accident, suicide, or homicide? Date of Injury Where did injury occur?	, 19
17. INFORMANT Barbara Y. Black (Address) Lutherville, Maryland	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  FELL ON FLOUR AT FOME	
18. BURIAL, CREMATION, OR REMOVAL Place Oct. 22,19.37	Manner of Injury	
19. UNDERTAKER Chees J. Dans & Son (Address) 1/8 W. mit Royal Car		VQ
20. FILED Dat 24 , 1937 All MANAGE MATHEMAN	(Signed) Thu MAtercrombie	1 M. 9

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
  9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street ear 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SI	PACE FOR	FURTHER	STATEMENTS	$\mathbf{BY}$	PHYSICIAN
---------------	----------	---------	------------	---------------	-----------

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10682
1. PLACE OF DEATH	2
County Bally	Registration Dist. No. 3.3
	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
(a) Residence: No. Australia Sand	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVERCED (write the word)	21. DATE OF DEATH  (Month) (Day) (Yeer)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. OI HEREBY CERTIFY Thy I attended deceased from
6. DATE OF BIRTH (month, day, end yeer) 10/20/37	1   1   2   193
7. AGE Years   Days   If LESS then	to have occurred on the date steted above, et
Acception 1 dey, hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance
9 Trade profession or particular	Tremature Selling
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked et this occupation (month and	
10. Date deceased last worked et this occupetion (month end year)	
12. BIRTHPLACE (city or town). Ours testown	Other Contributory Capes of importance:
(State or country)	
13. NAME BOTHLAGE (city or town) Buckers	
14. BIRTHPLACE (city or town)	Neme of operation
	What test confirmed diegnosis? Wes there en autopsy?
16. BIRTHPLACE (city or sown) To the	23. If deeth wes due to external causes (VIOL ENCE) fill in elso the following:  Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT Mother (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Him Date Out 21, 19.3.7	Neture of injury
19. UNDERTAKER J. 7 Cm. 182 (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Del 21, 19.37 Hand Registrar.	(Signed) M.D. M.D. (Address) Plus best from M.D.
	2411 N. Charles Street, Baltimore, Requesting 9) S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of dcath and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
5.	1 6		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state

of OCCUPA.

1	PLACE OF DEATH	(3)
	County Balts:	Registration Dist. No. 37
	Village or City June on mine	NoSt.,Ward
	Length of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number)
2	FULL NAME Stillbritt. Ba	les
	(a) Residence: No.	St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. S	4. COLOR OR RACE OR DIVORCED (Qurite the word)	21. DATE OF DEATH
5a.	If marriad, widowed, or divorced	(Month) (Day) (Year)
	HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from 19.3 / to 19
	ATE OF BIRTH (month, day, and year) Oct 1 /31/1	I last saw h elive on
7. A	GE Yaars Months Day's If LESS than I day,hrs.	to have occurred on the date statad above, atm.
	aulterrh + ormin.	The PRINCIPAL CAUSE OF DEATH and ralated causas of Importance ware as follows:
NO	8. Trade, profession, or particular kind of work done, as SPINNER,	
ATI	SAWYER, BOOKKEEPER, etc.	Della Maria
OCCUPATION	work was done, as SILK MILL, SAW MILL, BANK, etc.	Whe I MM
8	IO. Date deceased last worked at this occupation (month and year)	
12	BIRTHPLACE (city or town) Turousum	Other Contributory Causes of importance:
12.	(Stata or country)	Banda
FATHER	13. NAME Petes C. Booley	NEW MARKET MARKE
FAT	14. BIRTHPLACE (city or town) Sharlas (State or country)	Name of operation Date of
ER	15. MAIDEN NAME Extrel Mr. Crosts.	What test confirmed diegnosis? Was there an autopsy? 23. If daath wes due to external causes (VIOLENCE) fill in elso the following:
MOTHER	16. BIRTHPLACE (city or town) Time origin (State or country)	Accident, suicide, or homicide? Dete of injury, 19
17. 1	NFORMANT Peter O Braley. (Addrass) This muin Ind.	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMATION, OR REMOVAL	Menner of injury
	Place from Mod Date Oct 1,1937	Nature of Injury
19.	UNDERTAKER William la Brooks Son	24. Was disease or injury In any way related to occupation of deceased?
20.	FILED 62 1937 William J. Chilcon	(Signed) M.D. (Address) Costaly Sville Had.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis NOV 2 1001	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Perilonilis	3 days ago
The second secon			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1 2 3	/	
sta UP	1	. PLACE OF DE
of CC		County
item of should of OCC		Village or City
NS T		Length of residence in
Eve IIA)	2	. FULL NAME
RD. J		(a) Residence: No.
RECORI. PHY Exact st	6767	PERSONAL A
RE Exa		SEX 4. COL
LY		Female
UNFADING INK—THIS IS A PERMANENT I upplied. AGE should be stated EXACTLY. terms, so that it may be properly classified. I e instructions on back of certificate.	5a.	If married, widowed, or di HUSBAND of (or) WIFE of Late
EX C. C. L.	6.	DATE OF BIRTH (month, d
IS A P stated properly		AGE Years
hrs rape stop of cel	TION	8. Trade, profession, or kind of work don SAWYER, BOOKK
NK—T should it may n back	CUPA	9. Industry or business work was done, a SAW MILL, BANK
IG IN IGE s that it ons on	00	10. Date deceased last w this occupation (m year)
d. Abin	12.	BIRTHPLACE (city or town (State or country)
UNFA upplied terms, instru	HER	13. NAME Peter
ITH UJ	FATH	14. BIRTHPLACE (city or (Stete or country)
It part	HER	15. MAIOEN NAME
E PLAINLY, WI should be careful OF DEATH in p	MOTH	16. BIRTHPLACE (city or (State or country
BA E		Miss
PLA nould OF DI	17.	(Address) 22 R
Shou E OF is ver	18.	BURIAL, CREMATION, OR
on s		Place Place
B.—WRITE PLAINLY mation should be c CAUSE OF DEAT	19.	UNDERTAKER Har (Address) 410
Z B	20.	FILED Oct 18

1/-			F MAR	YLAND-	CERTIFICATE OF DEATH 106	84
1					74°C)	
	,				Registration Dist. No.	
	Village or City	toneleis	7]]		No.622 Register Ave. St.,  f death occurred in a hospital or institution, give its NAME instead of street and number	Ward
	County Baltimore  Village or City Stoneleigh  Length of residence in city or town where death occurred yrs.  FULL NAME Satherine Braum  (a) Residence: No.622 Register Ave.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  EX  4. COLOR OR RACE Usual place of abode)  Female  S. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word wildow)  If married, widowed, or divorced HUSBAND of (or) WIFE of Late Jacob Braum  ATE OF BIRTH (month, day, end year)  Oct. 25, 1865.  GE Years Months Days If LESS tha			sds. How long in U.S. if of foreign birth?yrsmos		
2	. FULL NAME	atherine	e Braun		If U.S. Veteran specify WAR.	
	(a) Residence: No.	22 Regis	ster Ave	9.	St., Ward.	
-	DEDCOMALA	10.0747.07			If nonresident give city or town and State	
	SEX 4. COL	OR OR RACE	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED,	21. DATE OF DEATH  (Month)  (Day)	37 Year)
5a.	HIICRAND of		raun		22. I HEREBY CERTIFY, That I ettended decea	sed from
6. I	DATE OF BIRTH (month, d	ay, end year)	et. 25,	1865.	I last saw har alive on Qct (0 - 193); dea	th is said
7. A		Months 11		If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, et 1:30 fm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	of onset
OCCUPATION	kind of work done SAWYER, BOOKKE 9. Industry or business I work was done, as SAW MILL, BANK, 10. Date deceased last we this occupation (m	, es SPINNER, EPER, etc	11. Total ti	nt in this	Coronary Thromboris 10  Attro - 5 clivers 5  Set get attract try petture 5  Other Contributory Causes of importance:	40/3 41s
12.	BIRTHPLACE (city or town (State or country)	)Germa	1.y		chronic chold in the 15	44
ER	13. NAME Peter	Lohrum			/ / / / / / / / / / / / / / / / / / / /	-/-
FATHER	14. BIRTHPLACE (city or to (Stete or country)	own) Germa	ny		Name of operation Date of What test confirmed diagnosis? My - Ex a Was there en autops	7
ER	15. MAIOEN NAME	.olf	*********	- 13 - 14 - 1	23. If death was due to external causes (VIOLENCE) fill in also the following:	
MOTHER	16. BIRTHPLACE (city or i	Gerne			Accident, suicide, or homicide? Date of Injury,  Where did injury occur? (Specify city or town, county and State)	19
	(Address) 22 Re	heresa . esister			Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
18.	BURIAL, CREMATION, OR Place HOLV Re	REMOVAL edeemer/	Date Oct	20,19 31	Manner of injuryNature of injury	
19.	UNDERTAKER Hav (Address)	y A G	Cyby Ave	5 11	24. Was disease or injury in any way related to occupation of deceased?	U
20.	FILED Oct 18	19 10	Shroll	Registrar.	(Signed) Jour - / Crumler (Address) 72 2 ho. Common	d CY

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	73	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND	CERTIFICATE OF DEATH 10685
1. PLACE OF DEATH County Balls	Registration Dist. No. 3 4
	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME ELLEN FOLT 2 BULL  (a) Residence: No. Freeleast Hell # 2.  (Usual place of abode)	ds. How long in U.S. If of foreign birth?yrsmosds. lf U.S. Veteran, specify WAR St.,Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVERCED (write the word)	21. DATE OF DEATH OCK. 28 , 193 7 (Month) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBAND-of (or) WIFE of Currory E. Bull  Bull  Bull  Bull  Bull  Bull	22. I HEREBY CERTIFY That I attended deceased from 1933, to October 28, 1937
7. AGE Yaars Months Days If LESS than 1 day,hrs.	to have occurred on the data stated above, at
8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Bata dacaasad last worked at this occupation (month and specific bits occupation (month and specific bits occupation).	Erronie Myocardial desufficiency 192
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of importance: Clause Carolisa Dilatation 10-25.
13. NAME  14. BIRTHPLACE (city or town) (State or country)	Neme of operation NONE Data of Was there en eutopsy? Ad
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (Stata or country)  17. INFORMANT  (Address)  18. MAIDEN NAME  MALY Jave  (Address)	23. If daeth was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR BENOVAL Place Michigan Data Oct. 31, 1937	Manner of injury
19. UNDERTAKER SCO SENSON OF SON (Addrass)  20. FILED Oct 30 1937 Samuel & Miller	24. Was disaasa or injury in any wey related to occupation of daceased? No If so, specify (Signed) Augs Chalanoff M. D.
Registrar.	(Addrass) Mell Theodorul I, 1a

If more blanks are needed, addres State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example-I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis DEC 8 1037	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	F11 - 17 - 17 - 17 - 17 - 17 - 17 - 17 -	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

		- A	10000
STATE OF	MARYLAND-CERTIFICATE	OF DEATH	10080

1. PLACE OF DEATH	***	82-61	35		
County 12 William	7	Registration Dist. N	ID.		
Village Dr City / Madelle	cous	ND.	St., Ward		
Length of residence In city or town where death		If death occurred in a hospital or institution, give its NAME insteads.  How long In U.S. if of foreign birth?			
EMARY E	Rull				
2. FULL NAME 27901172	0 1 0 11 0	If U. S. Veteran, specify WAR			
(a) Residence: No.	0 med # 2	St., Ward.			
	(Usual place of abode)	If nonresident give city or town and State			
PERSONAL AND STATISTICA		MEDICAL CERTIFICATE OF	DEATH		
Malo colub	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Col.	2 , 193 <u>7</u> (Year)		
HUSBAND of Mary Full	3 Bull	22. Oct. 10 1837 to Oct	at I ettended deceesed from		
DATE OF BIRTH (month, day, and year)	18. 79. 1963	I last saw h Mm elive on Och · 12	19.37 death is said		
AGE Years Months	Days If LESS than	to heve occurred on the date stated above, at 8:30 fin	1		
74 0	13 1 day,hrs.				
	ormin.	were as follows:	Date of onset		
8. Trade, profession, or particular kind of work done, as SPINNER,	bru				
SAWYER, BOOKKEEPER, etc.		arenoscerosus			
work wes done, as SILK MILL,					
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc  1D. Date deceesed lest worked at this occupation (month and year)	11. Total time (years) spent in this occupation	-			
12. BIRTHPLACE (city or town)	Vocapation	Other Contributary Causes of importance:	10.10.3		
(State or country)	c 1 m		1		
13. NAME LOTELL	o. Bull				
13. NAME  14. BIRTHPLACE (city or town)	0	Name of operation 2002	Date of		
(Stete or country)	ed	What test confirmed diegnosis? Was there an autopsy?			
15. MAIDEN NAME accounts	Hampeline				
	7	23. If death was due to external causes (VIOL ENCE) fill in als			
16. BIRTHPLACE (city or town)	2	Accident, suicide, or homicide? Date of	injury, 19		
(State of country)	10 11/1	Where did injury occur? (Specify city or town,	county and State)		
17. INFORMANT GMON JOITO	J July	Specify whether Injury occurred in INDUSTRY, in HOME, or	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
(Address) Treeb	and Md.				
18. BURIAL, CREMATION, OR REMOVAL	n 615 40	Manner of Injury			
Place	Dete 0 4 5 , 193	Neture of injury			
19. UNDERTAKER Services (Address)	rek. Po	24. Was disease or injury in any wey related to occupation of	deceased? 200		
26 1ED 10ct 15 1937 Barry	0 0 200 10	(Signed) Deus Ochslan	with D. M.I		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related cause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

V. S. No. 1

ż

OR DYNARCED (current be word)  OR DYNARCED (current be word)  So. If married, wildowed, of divorcen (Month) (Dey)  103 Auritation (Month) (Dey)  104 Auritation (Month) (Dey)  105 Auritation (Month) (Dey)  106 Auritation (Month) (Dey)  107 AGE  108 Auritation (Month) (Dey)  108 Auritation (Month) (Dey)  109 Auritation (Month) (Dey)  11	STATE OF MARYLAND—	CERTIFICATE OF DEATH 10687
Village or City	1. PLACE OF DEATH	48)
Length of residence in city or town, where death occurred yrs, most de Now long in U. S. If of foreign birth?  2. FULL NAME Selection of the Contributor of the North Contr	County Baltimore	Registration Dist. No. 38
Length of residence in city or town, where dash occurs and success of the city		No. 6 1/7 Falls P. St., Ward death occurred in a horpital of institution, give its NAME instead of street and number)
(a) Residence: No. 6/1/ Full place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED OR PROJECT OF WITH 1997  (b) WHE of Vivorent Corp. WHE of Vi		
Could or Receive the world of control of the cont	2. FULL NAME Velma Virginia Ou	crushfus. War -
9. SEX   4. COLOR OR RACE   S. SINGLE, MARRIED, WIDOWED, OR ASSAURCE   S. WARRIED, WIDOWED, OR ASSAURCE   S. SINGLE, MARRIED, WIDOWED, OR ASSAURCE   S. SI		
OR BY CREEN (white the word)  OR BY CREEN (white the word)  So. If married, widowed, or divorcest (Bourna   Bourna   Bou	PERSONAL AND STATISTICAL PARTICULARS	
NUSBAND OF CONTROL C. BUMBAND OF CONTROL CONTR	Terrial White OR BRIGARCED (write the word)	OCKOTES 3/24 193)
TACE  Years  Months  Days  If LESS than Iday	HUSBAND of	Nov 124 ,1936, 10 FER 3/ 24 ,1937
29 Idayhrs. ormin.  8. Trade, profession, or particular kind of work dome, as SPINNER, Horney REPER, etc., Horney Rind of work dome, as SPINNER, Horney REPER, etc., Horney Rind of work dome, as SPINNER, Horney REPER, etc., Horney Rind of work dome, as SPINNER, Horney REPER, etc., Horney Rind of work dome, as SPINNER, Horney REPER, etc., Horney Rind of work dome, as SPINNER, Horney REPER, etc., Horney Rind of work dome, as SPINNER, Horney Reper, Horney Representation of the Particular Reper, Horney Representation of the State of Country Particular Report Representation of the Particular Representation of the Particu	6. DATE OF BIRTH (month, day, and year) Mar. 2, 1908	I last saw he alive on ock 30 15 , 193 ; death is said
8. Trade, profession, or particular kind of work dome, as SPINNER, SANYER, BOKKEPER, etc.  9. Industry or business in which work was done, as SIK MILL, AQ AMBIEL SANYER, SANY	20 1 day bre	
SAVER, BONKEEPER, atc.  SAVER, BONKE, BONKE, SAVER, BONKE, SAVER, BONKE, BONKE		ware so follows:
this occupation (months fig. 1921)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  Date  19. Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  19. What it is confirmed diagnose?  (Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Manner of injury  Nature of injury  Nature of injury  Nature of injury  19. UNDERTAKER  (Signed)  18. OR REMOVAL  (Signed)  M. D.  (Signed)  M. D.  (Signed)  M. D.  (Signed)  M. D.	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	1/1/1936
this occupation (months fig. 1921)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  Date  19. Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  19. What it is confirmed diagnose?  (Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Manner of injury  Nature of injury  Nature of injury  Nature of injury  19. UNDERTAKER  (Signed)  18. OR REMOVAL  (Signed)  M. D.  (Signed)  M. D.  (Signed)  M. D.  (Signed)  M. D.	9. Industry or business in which work was done, as SILK MILL, and Aforeste	
13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  Place  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Signed)  10. MAIDEN Town  (Signed)  10. Mame of operation  What test confirmed diagnosis? Council (Country)  Accident, suicide, or homicide?  On Date of Injury  Where did injury occur?  (Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  Nature of injury In any wey related to occupation of deceased?  (Signed)  M. D.  M. D.	this occupation (month and spent in this occupation)	
14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place  Place  Date  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  10. FILED  10. Amme of operation  What test confirmed diagnosis? Cureal Cure		Dither Contributory Causes of importance:
What test confirmed diagnosis? Caucal May was there an autopsy? 7.2.  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  Date  Date  Date  Date  Date  Manner of injury  Nature of injury  Nature of injury  19. UNDERTAKER  (Signed)  19. UNDERTAKER  (Signed)  Manner of diagnosis? Caucal May was there an autopsy? 7.2.  What test confirmed diagnosis? Caucal May was there an autopsy? 7.2.  Accident, suicide, or homicide?  O Date of Injury  Nountry and State  Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  Manner of injury  Nature of injury  (Signed)  M. D.  Mhat test confirmed diagnosis? Caucal May was there an autopsy? 7.2.  Accident, suicide, or homicide?  O Date of Injury  Nountry and State  Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  Manner of injury  Nature of injury  19. UNDERTAKER  (Signed)  M. D.	13. NAME Proville Mann	/
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  Place  Date  Dat		Character and the same and a
16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  Date  Date  Date  Date  Manner of injury  Nature of injury  Nature of injury  19. UNDERTAKER  (Signed)  18. Specify city or town, county and State)  Manner of injury  Nature of injury  Nature of injury  (Signed)  M. D.	VI - 1 - 1 - 1   1   1   1   1   1   1   1	what test committee diagnosis:
17. INFORMANT Shared B. Burnes Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Address) 6//7 Falls Pd. 1110-11/25/1  18. BURIAL, CREMATION, OR REMOVAL Place During Conducting Date 1110-2, 19-37  Nature of injury  19. UNDERTAKER Shared Burnes Shared State (Specify city or town, county and State)  Manner of injury Nature of injury  19. UNDERTAKER Shared Share	16. BIRTHPLACE (city or town)	No
17. INFORMANT Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Address) 6//7 20/05 Fd. 100-100-100-100-100-100-100-100-100-100	(State or country)	Where did injury occur? (Specify city or town, county and State)
Place David Ridge Date 111. 2, 1937  Nature of injury  19. UNDERTAKER John Brunes Sough (Signed)  20. FILED (Signed)  Nature of injury In any wey related to occupation of deceased? (Signed)  M. D.		Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
19. UNDERTAKER John Burnes Song 24. Was disease or injury In any wey related to occupation of deceased? (10 If so, specify (Signed)	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
20. FILED (Signed) (Signed) M. D.	Place NAMA MAGE Date MI 1931	Nature of injury
20. FILED/WY 137 W. S. W. D. (Signed) To de of Dealy M. D.		
	20. FILED WY , 137 W GOWALL V GRAFTON	(Signed) 7 1 Q Quelly M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis		The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage DEC 2 150.	July 5,1927	Perilonitis	3 days ago
BUREAU V. S.	3		
Other contributory causes of importance:	er feet	Other contributory causes of importance:	and sales
Gallstones	May 1,1923	Gastroenteritis	1 year
The best of the state of the st			

VS 3

## HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 92

10683

0 = 0		31	
sho	/1. PLACE OF DEATH	Registered No.	7
Sem	CITY OF BALTIMORE: (No. ) ikesille -	St., Ward) (If death occurred a hospital or instituti	in
tat /		give its NAME inst	ead
L S CE	Length of residence in city or town where death occurredyrs	.mo. ds. How long in U. S. If of foreign birth?yrsmos	.ab.
YSI Xac	2. FULL NAME William J. Burns	If U. S. Veteran specify WAR	
E E	(a) Residence: No. 210 Sufferole aux.	Plane all Want	
9 8	(a) Residence: No. (Usual place of abode)	Ward. (If non-resident give city or town and State	
SSIN	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
SMANENT ted EXACT roperly clast certificate.	3. SEX 4. Color or Race 5. Single, Married, Widowed.	21. DATE OF DEATH (month, day, year) 10-10 - , 19.	3 "
P. C. S.	male white or Divorced (write the word)	22, I MEREBY CERTIFY, That I attended deceased fr	
ERMAN trated E properl of certifi	5a. If married, widowed, or divorced	Self 2 6 , 1937, to Octobs 10 , 19.	
ate pro f c	HUSBAND of (or) WIFE of	I last saw h a alive on Detula 9 , 1937 Death is s	ald
	6. DATE OF BIRTH (month, day, year) D2C - 10 - 1859	to have occurred on the date stated above, atm.	
ay be	7. AGE Years Months Days If LESS than	The principal cause of death and related causes of	
IS A uld b may on ba	7 \ q ' \ 1 day,hrs.	importance were as follows:	nset
SHIP	ormin.	Chronic missearchery 3	00000
GE s that	Trnde, profession, or particular kind of work done, as spinner,		*****
K—AG AG So t	sawyer, hookkceper, etc	V	
Z st	work was done, as silk mill, saw mill, bank, etc.	Other contributory causes of importance:	
NG Inplied.	11. Total time (years) this occupation (month and spent in this	1.1.	11.
	year)oecupation	Arthus. Selwan	
Su su su ain ut.	12. BIRTHPLACE (city or town). Pallace (State or country)	Was an operation performed? Date of	
Fa Par		For what disease or injury?	
efu in por	13. NAME Jerema 12 mo	Name of operation.	
Car TH im	[State or country]	What test confirmed diagnosis? Church is there an autopsy?	0
DEA	(c) ()	23. If death was due to external causes (violence) fill in also the	fol-
d', D	15. MAIDEN NAME Julia Bours	Accident, sulcide, or homlelde?Date of injury	10 400 48
A Social	[5] 16. BIRTHPLACE (city or town)	Where did injury occur?	0=004
Dis Ho	(State or country)	(Specify city or town, county, and State Specify whether injury occurred in industry, in home, or in pul	) blic
2 5E	17. INFORMANT Mes Julia 41 Hannigh	place	-0
P.C.	(Address) 210 Jednovic Face Jekevelle	Manner of injury	
WRITI inform state OCCU	18. BURIAL, CREMATION, OR REMOVAL	Nature of injury	*10100
Str. OC	Place St. Mary Your Date Oct. 12- 37		7.00
B.	19. UNDERTAKE Fach of Newell	24. Was disease or injury in any way related to occupation of decease	ed?
-	(Address) Sikewille : mg.	22 Welmon	
Z	20. FILED /0/11/ 157 EE kishol	(Signed)	D.
	Registrar.	(Address) Alcurell - L.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "cmployee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business avoid the use of such general terms as "store," "factory," "mill," etc. State the

particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by strect car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
NOV 3			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1, 1923	Gastroenteritis	1 year

			Manager 1		
	- Company			etales eas	
		of the same	1910		

infor- state UPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH	:80
· · · · · · · ·	1. PLACE OF DEATH	93-0	
n of in of in old	County Callynor	Registration Dist. No.	2
item show	Village or City Carnly	No furguson road st.	Ward
> 00 m	Length of residence in city or town there death occurred the most	death occurred is a hospital or institution, give its NAME instead of street and numb	per)
D. Every SICIANS tatement	2. FULL NAME BENJamin Rus		
F. E.	81/1	If U. S. Veteran, specify WAR	
N F S	(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State	e
RECC. PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
RE	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED write the word	21. DATE OF DEATH	M
r Fig.	male White Midowed	(Month) (Dey)	(Yaar)
NEN CT. I	5a. If married, widowed, or divorced HUSBANO of (or) WIFE of		
MAN) A C A	(or) WIFE of Maly & Surlon	22. I HEREBY CERTIFY. That I attended dece	ased from
ERI EX e.	6. DATE OF BIRTH (month day, and yeer) frame 19th 1850	Hast saw h Maliya on Oct . 2 3 1937: da	eth is said
d d d	7. AGE Years Months Days If LESS then	to have occurred on the date steted ebovo, et/2.20 C.m.	
IS A PE stated E properly certificate	87 3 14 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importence were es follows:	
70	Trade profession or particular		ring of onset
HIS be be of	NO SAWYER, BOOKKEEPER, etc	Thronic myocarditio /	99
K—T nould may back	9. Industry or business in which work wes done, as SILK MIR, Process AW MILL, BANK, etc		/~
INK. sho			
	this occupation (month and 1917 spent in this yeer) great in this occupation		
NFADING pplied. AGF erms, so that instructions	12. BIRTHPLACE (city or town) Baltos Co.	Other Cantributary Causes of Importence:	1.66
AD AD ed.	(Stete or country) Maryland		037
UNFA supplied n terms, ee instri	13. NAME Benjaming Burlon		.,
e cad	13. NAMES CONTACT CONT	Nema of operation Date of Date of	
Ily suppain	(State of Country)	Whet tast confirmed diegnosis? Wes thara an autop	sy?
WFFF efully in plai	15. MAIOEN NAME Leasont Fowler  16. BIRTHPLACE (city or town) A alto Co-	29-If daeth wes due to extarnel causes (VIOLENCE) fill in also the following:	
		Accidant, suicide, or homicide? Dete of injury	, 19
be ATAT	(Stete or country) Maryland	Where dld injury occur? (Specify city or town, county and State)	
Id Id DE	17. INFORMANT AND John Winner	Spacify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.	
E PLA should OF D	(Address) Augusta 100.		
TE SE SE is	Paratherood aneles Vet. 6 37	Menner of Injury	~~~~
-WRITE PLAINLY, mation should be car CAUSE OF DEATH TION is very import	Traderich It als War	Neture of Injury	
TOB	19. UNDERTAKER CHARLES (Address)	24. Was disease or injury in any wey related to occupetion of daceesed?	-0
Ŕ	10/11 == 0 71/0	(Signed) A. W. Bacan	M n
Ż	20. FILED 1927 (1. P.M. el Allors Registrar.	(Address) Tarkville	
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	1
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage NOV 8 1027	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	97
County Balto	Registration Dist. No. 3 d
Village or City Walkers	No. St., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
$\overline{Z}$	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Many Jane Came	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	(UC) 1 193 7
5a. tf married, widowed, or divorced	(Month) (Dey) (Year)
(or) WIFE of Leonge H. Cameron	22. I HEREBY CERTIFY. Thet I ettended deceased from
6. DATE OF BIRTH (month, day, and year) Much 14, 19,37	I last saw h w alive on let 1 1937; death is seld
7. AGE Yeers Months Days tf LESS than	to heve occurred on the dete steted above, at 12 30 m.
8 2 6 19 Idey,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importence were es follows:
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, Hanavifu	arterio - Schemm 1910
9. tndustry or business in which work wes done, as SILK MILL,	
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Dete deceesed lest worked et this occupation (month and	
this occupation (month and 1937) spent in this occupation	
D + 11	Other Coutributory Causes of Importence:
12. BIRTHPLACE (city or town) 1. January (State or country)	
13, NAME Sea Shambo.	
13. NAME Su Shamb.  14. BIRTHPLACE (city or town) Persona	Name of operation Date of
14. BIRTHPLACE (city or town) (June 1997) (Stete or country)	Name of operetion Date of Whet test confirmed diegnosis? Was there en autopsy?
15. MAIDEN NAME Shadhelter	23. If deeth was due to external ceuses (VIOLENCE) fill in also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city of town) Sladfeller Staliow  (State Courts)	Accident, suicide, or homicide?
(State of country) York (Co.) Ow.	Where did Injury occur?
17. INFORMANI	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)	
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Plece Juan Cemuling Dete Wet 4, 193/	Nature of injury
19 UNDERTAKER Olarben Snabert	24. Was disease or Injury in eny way related to occupetion of deceased? 220
(Address) Freeland	If so, specify
20 FILED Oct 4 1937M. Barton In. W.	(Signed) Muliur Booking M. D.
Registrary	(Address) White Hall And

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, ctc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car 8 030	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		MECELNEDI	
		Appropriate a state of the control o	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		OCT	5D/
Other contributory causes of importance:		Other contributory causes of importance: 1937	1
Gallstones	May 1,1923	Gastroenteritis :	1 year

FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE C	)F	MARYLAND—CERTIFICATE	OF	DEATH	10692

1.	PLACE OF DEA	тн ,	,			- 3		,	
	County	July	<b>~</b>				Registration Dist. N	0.42	
	Village or City	Bu	Lto	(10	No f death occurred i	in a hospital or institut	ion, give its NAME instead	St.	Ward
The state of the s	Length of residence In c	ity or town where o	death occurred				f foreign birth?y		
2.	FULL NAME  (a) Residence: No.	Perma	hy (	Rosen	unost	Walbul	to Count	5	
-			(Usual place o				If nonresident give city		State
	PERSONAL AN						ERTIFICATE OF	DEATH	
3. SE	enal Y	OR OR RACE	5. SINGLE, MARE OR DIVORCED	RIED. WIDOWED.  (write the word)	21. DATE	OF DEATH	(Month) (D	ay)	193 (Year)
	married, widowed, or div HUSBAND of	orced	1/1		22.	LUEDERV	CERTIFY, Tha	A I obtanded d	lancated from
	(or) WIFE of	SIL	000	m-	22.		19, to		
6. DA	TE OF BIRTH (month, da	v and vear)	Dal. 24	- 1937	Llast saw h				
7. AG		Months	Days	If LESS than	-11		d above, atm		,
-				1 day,hrs.	The PRINCIP	AL CAUSE OF DEAT	H and related causes of im	portance	
-1	8. Trade, profession, or p	particular		1 01	were as follo	X tell	ben th		Date of onset
ō	kind of work done, SAWYER, BODKKE	as SPINNER.							~
OCCUPATION	9. Industry or husiness in	n which							
3	work was done, as SAW MILL, BANK,				-				
8 1	O. Date deceased last wo this occupation (mo	onth and		t in this					
	year)	11/1	occu	pation	Other Contrib	butory Causes of impor	rtance:		
12. BI	RTHPLACE (city or town)	9/10/	<u>/</u>						
~	(State or country)	1.	700-						
FATHER	3. NAME CONS	in the	Mins						
Y I	4. BIRTHPLACE (city or to	own)///-	6		Name of oper	ration	***************************************	Date of	
	(State or country)		2014		What test con	firmed diagnosis?	V	Vas there an au	itopsy?
MOTHER	5. MAIDEN NAME	Mugn.	6 Mino	messon	23. If death wa	is due to external caus	ses (VIOLENCE) fill in also	the following:	
10	6. BIRTHPLACE (city or to	own)//	W		Accident, suid	cide, or homicide?	Date of i	njury	, 19
	(State or country)		0 00		Where did inj	jury occur?	(Specify city or town, co		
17. IN	FORMANT SUL	Au a	Colli	w_	Specify wheth	her injury occurred in	INDUSTRY, In HOME, or i	n PUBLIC PLA	CE.
18. BU	JRIAL, CREMATION OR	REMOVAL	fort	1 N/V	Manner of inj	jury			
	Place //// C	wit	Date_	6 A 9 3	Nature of Inju	ury			
19 118	NDERTAKER MAY	tin 1	· Conn	ors	A .		ay related to occupation of		
23. 01	(Address)	2700	ust	18	If so, specify		-0	1	
20. FI	LEUCK 25	1937	leske	elle.	(Signed)	mT	Luten	very	M. D.
	V - 1			Registrar.	1 (/	Address) V Y	y made	ma	4

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 1037	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU	المسيا		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

B.-WRITE PLAINLY,

V. S. No. 1

# STATE OF MARYLAND—CERTIFICATE OF DEATH

-0	0	10	65	0
- 1	43	18	19	. <
	U	U	w	

PLACE OF DEATH  County Baltimore	1070
Village or City_Randalstown	Registration Dist. No.  No. Augsburg Home Campfield, Rd. ward
Length of residence in city or town where death occurredyrs	(If death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Henry Creamer	n 13° Da
(a) Residence: No. Augs curg Home Camp	
PERSONAL AND STATISTICAL PARTICULAR	MEDICAL CERTIFICATE OF BEATH
3. SEX Male 4. COLOR OR RACE S. SINGLE, MARRIED, WILL OR DIVORCED (write the	OWED, e word)  21. DATE OF DEATH  (Month) (Day) (Yeer)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Unknown	22. HEREBY CERTIFY. That I attended decessed from
6. DATE OF BIRTH (month, day, end year) Nov. 20, 184	19.4.
7. AGE G Years Months Days If LE	SS than to have occurred on the dete stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	I froncho memoria Date of onest
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  SAWYER, BOOKKEEPER, etc.  Unknown work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month and year) year)	
12. BIRTHPLACE (city or town)GERMALNY	Other Contributory Causes of Importance:
监 13. NAME Unknown	
13. NAME UNKNOWN  14. BIRTHPLACE (city or town) GERMANY (State or country)	Name of operation Date of What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME Unknown	23. If death wes due to external ceuses (VIOLENCE) fill in also the following:
15. MAIDEN NAME UNKNOWN  16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT Mr. Theo. Katenkamp (Address) Campfield Rd.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL Place Oak Lawn Date Oct. 19,	, 19.37 Menner of injury Neture of injury
19. UNDERTAKER Louis Heemann & Son (Address) 32 S. Broadway	24. Was disease of injury In eny way related to occupation of deceased? https://doi.org/10.1001/2001/2001/2001/2001/2001/2001/2
20. FILED /0/18 ,137 &6 Wehal	(Signed) Oli Semmeter M. D.  (Address) 3002 Garrison Blog

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation,

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
and the second		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis  Other contributory causes of importance:


CAUSE TION is

state

plnods

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. C

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail mcrchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage: 1931	July 5, 1927	Peritonitis	3 days ago
HON TINE			
Other contributory causes of importance.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 10696
1. PLACE OF DEATH	23
County Balte	Registration Dist. No. 33
Village or City Reisterstown	No. St., War If death occurred in a hospital or institution, give its NAME instead of street and number)
	ssds. How long In U.S. if of foreign birth?yrsmosd
2. FULL NAME Joseph De Juca	If U. S. Veteran, specify WAR
(a) Residence: No. Aliest . (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 24 Liete 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (syrite the word)	21. DATE OF DEATH (Month) (bay) (1937 (Yaar)
ia. If married, widowed, or divorced, HUSBAND of Estelle & De Laca	22. IMEREBY CERTIFY, That i attended daceesed fro
B. DATE OF BIRTH (month, day, and year) Dec 24 1892	Hast saw h/ 14 alive on Ott /0, 19 37, daath is sa
7. AGE Years Months Days If LESS than 1 day,hrs	were as follows of the Att and related causes of importance
2 Trade profession or particular	almonary wherealone Oate of one
kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc.  9. Undustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date dacasasd last worked at this occupation (month and	10/10/
10. Date decassed last worked at this occupation (month and year) occupation conditions the decay of the decay occupation the decay occ	
12. BIRTHPLACE (city or town) 1 taly (State or country)	Other Contributors Causes of Importance:
13. NAME august De Luca	
13. NAME August De Juca  14. BIRTHPLACE (city or town) Taly  (Stata or country)	Name of operation
15. MAIDEN NAME anna Ruggeris	What test confirmed diegnosis?
15. MAIDEN NAME anna Ruggeri  16. BIRTHPLACE (city or town) - Carly  (State or country)	Accident, sulcide, or homicida?
17. INFORMANT Istelle & De Luca (Address) Pustustour Md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR BEMOVAL Place Druid Ridge Oato Ot. 13, 1937	Manner of injury
19. UNDERTAKER J. F. Eline & Sons (Address) Ruslinston mgd	24. Was diseasa or injuly in any way related to occupation of deceased?
20, FILEO Oct 17, 1937 ARus and	(Signad) M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis D	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage NOV 2 1937	July 5,1927	Peritonitis	3 days ago
. D.U.V. S.	4		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH .	Registration Dist. No.
Village or City Dannes Your, And.	No. St., Ward
(1	f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurred	sds. How long in U.S. if of foraign blrth?yrsmosds.
2. FULL NAME Veler J. Me Carlo	If U. S. Veteran, specify WAR
\_/	-, Psd, Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH & 21 (Bay) (Yaer)
5a. If marriad, widowed, or divorcad HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attanded deceased from
200 - 1 21	, 19, to, 19
6. DATE OF BIRTH (month, day, and year) Marcu 26, 916 7. AGE Years Months Days 1 if LESS than	I last saw h; death is said
7. AGE Years Months Days if LESS than 1 day,	to have occurred on the data stated ebove, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
_ 8. Trade, profession, or perticular P • f/a/	Oate of onset
kind of work done, as SPINNER, hexeenan Nelfer SAWYER, BOOKKEEPER, etc.	. accidental Neath & crushed by a
9 Industry or business in which work was dona, as SILK MILL, Bulleten Steel . SAW MILL, BANK, etc.	falling electric oline polar Decared was take
9. Industry or business in which work was dona, as SILK MILL, Bulleten Steel . SAW MILL, BANK, etc	- down wises and sables from a wooden poly
this occupation (month and 12/37) spant in this occupation	transferring than to a steel pole as the last
B-Dt 21	Other Contributory Causes of Importence cable was ent loose, the pole
12. BIRTHPLACE (city or town) (State or country)	gave way at the bottom, folling to the ground with
13, NAME Silve Carlo.	- De Carlo clinging to it but undermeath it crush
I	Long him to death a Could
14. BIRTHPLACE (cily or town) (State or country)	Name of operetion Dete of What test confirmed diagnosis? Wes there an autopsy?
# 15. MAIDEN NAMESALVATORA RUNOLAZZO	
1 1 1 1	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide? Accident. Data of Injury
Q 16. BIRTHPLACE (city or town)  (Stata or country)	Where did Injury occurs sparrow's Point, Baltion or Country med
611	(Specify whather injury occurrent in INDUSTRY, in HOME, or in RUBLIC PLACE.
17. INFORMANT A MARS. (Addrass)	Bettleten Stall of Home Confided
18. BURIAL CREMATION, OR REMOVAL	Manner of Injury mactine ledne, Right fermer, left titra
Place New Enthis al Car Date lect 25, 1937	Nature of injury & Pelosi - Internal Property
19. UNOERTAKER Frank Walla Voel	24. Was disaase or Injury in eny way related to occupation of deceased?
(Address) 52 M Montey St.	If so, spacify
20. FILEDOT. 21 , 1937 4. Che omick m. Registrar.	(Address) Sparan Grid Red
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Ballinore, Requesting U. S. No. 1.

1111111

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis 937	1 year
7	100	
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

PHYSICIANS should state item of inforof OCCUPA-WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every Exact statement AGE should be stated EXACTLY. properly classified. IION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. B.—WRITE PLAINLY,

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH		97)	
County Ballimore	•	Registration	Dist. No. 31
Village or City Pueled  Length of residence In city or town where deat	de(II	No. We for Praddeth occurred in a hospital or institution, give its NAMI	St., Ward
^ .	. 0	ds. How long in U.S. if of foreign birth?	
2. FULL NAME Julia	Doneike	1f U. S. Veteran, specify WAR	
(a) Residence: No.	(Usual place of abode)	St., Ward.	give city or town and State
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE	
Female white	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Ostoky	2-3 , 193.7 (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carl	Domeike.	22. I HEREBY CERTIF	Y. That I attended deceased from Oct 2-3 , 19.37
6. DATE OF BIRTH (month, day, and year)	ust 27 1867	t last saw her alive on Oct 9	2.2., 19.3.2.; death is said
7. AGE Yeers Months 0	Deys If LESS than 1 day,hrs.	to have occurred on the date stated above, at9.3  The PRINCIPAL CAUSE OF DEATH and related cause were as follows:	es of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	usanorb	Cerebral arterioscl	erosus Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and			
10. Date deceased last worked at this occupetion (month and 1933	11. Total time (years) spent in this occupation 3-0		
12. BIRTHPLACE (city or town)	nanus	Other Contributory Causes of Importance:	
13. NAME Unknown			
4 14. BIRTHPLACE (city or town)		Name of operation	Date of
(State of country)	crun	What test confirmed diagnosis?	Was there an autopsy? 232
15. MAIDEN NAME unbu	own	23. If death was due to external causes (VIOLENCE) fil	I in also the following:
16. BIRTHPLACE (city or town)	luom	Accident, suicide, or homicide?	
17. INFORMANT Charles 72 (Address) 2602 Pake	2 Donnan	Specify city or Specify whether injury occurred in INDUSTRY, in HO	town, county and State) ME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Date Oct 26 , 1937	Manner of injury	
19. UNDERTAKER Gaul & Cl (Address) 3613- Chest	enowith and	24. Was disease or Injury in any way related to occupa	ition of deceased?
20. FILED Oct 24, 1939 W	m & martin Registrar.	(Signed) Part (Address) Randalla	town my

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Run over by street car Chronic interstitial nephritis 1921 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1, 1923 Gastroenteritis 1 year

ADDITIONAL SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
---------------------	-----------	------------	----	-----------

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10698
1. PLACE OF DEATH	(ab})
County Ballimore	Registration Dist. No. 30
Village or City Catons valle	No. 26 Junes St., Ward
/ HANNER (IF	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
16. Way Day	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NATHERING / Cary Dorsey	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the world)	(193. /
5e. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22.   HEREBY CERTIFY, That I attended deceased from
Caus Warsey	001 0 1924 to 001 11 192/
6. DATE OF BIRTH (month, dey, end yeer) 20 1 /869.	I last saw h.C.C. elive on Oct. 19.37; deeth is seld
7. AGE Yeers Months Deys If LESS than	to have occurred on the dete steted above, et
68 - 10 - 10 ormin.	were es follows: alute Cardise defamplement Date of great
8. Trede, profession, or perticular kind ot work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
9. Industry or business in which	Chome my ocardition about 191
work was done, as SILK MILL, SAW MILL, BANK, etc	J
11. Total time (years) this occupetion (month end 10 - 3 )	
year) occupation diffe	Other Contributary Causes of Importence:
12. BIRTHPLACE (city or town)	Toke gothe severly
(Stete or country) Mongland.	terminal pneumona oct 10.
13. NAME Curso Vall  14. BIRTHPLACE (city or town)	,
14. BIRTHPLACE (city or town)	Name of operation Oete of
(State of country)	Whet test confirmed diegnosis? Wes there en eutopsy?
16. BIRTHPLACE (city or town) TARA	23. If deeth was due to externel causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide?, 19, 19,
(State or country) Garacy lawy.	Where dld Injury occur? (Specify city or town, county and State)
17. INFORMANT Umos Worsey	Specify whether Injury occurred In INOUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Calalton r 2004	Menner of Injury
Plece attattow. Wed Dote 10-14,1937	Neture of Injury
1011. 1-1	24. Was disease or injury in any way related to occupetion of decessed?
19. UNOERTAKER TO COMPANY (Address)	If so, specify
100 2101	(Signed) A albert Harden M. O.
20. FILED 19 Registrar.	(Address) 1/2 winter Caton alle me
	2411 N. Charles Street, Baltimore, Requesting. V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale mcrchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Mau 1.1923 Gastroenteritis 1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING

V. S. No. 1 N. B.—WI

STATE OF MARYLAND—	CERTIFICATE OF DEATH
County Endew Rulfimere County	Registration Dist. No. 38
Village or City Jousen, and.	ND. St., Wa f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Joan Jourse Towns	y
(a) Residence: No. 1307. Cold Spring Low (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) The state of t	21. DATE OF DEATH (Month) (Day) (Yeer)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I ettended deceased from the deceased from the second secon
5. DATE OF BIRTH (month, day, and year) Oueg 19, 1936	I last sew h_ eralive on Ochoher 17 , 19 12; death Is sa
AGE Yeers Months Deys If LESS than 1 day,hrs.	to heve occurred on the date stated above, at
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occuration (months and	Julinumary Juberculins Jebras
10. Date deceased last worked at this occupation (month and yeer) 11. Total time (yeers) spent in this occupation 12. BIRTHPLACE (city or town) 3. C.	Other Coutributary Causes of importance:
(State or country)	Tub-culous manuagetes Sept
13. NAME Surdan Douney  14. BIRTHPLACE (city or town) Backethine (State or country)	Name of operation Date of What test confirmed diagnosis? Lunnel file tweether the en autopsy?
15. MAIDEN NAME morganet Ebbert.  16. BIRTHPLACE (city or town) Baltzman  (State or country)	23. If death was due to externel ceuses (VIDLENCE) fill in elso the following:  Accident, suicide, or homicide?
7. INFDRMANT Ecchoword Sunof or um Record S (Addyss)	Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
8. BURIAL CREMATION, OR REMODAL  Date QUI 9 , 19 37	Manner of injury
9. UNDERTAKER Change Sydy.  (Address) 36/5-17 Cheftruster.	24. Was disease or injury In eny way related to occupation of deceesed?
1 2 2 26 XIVII hun VIE 1/2 1/2 1/2	(Signed) and Funker stelle M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, inining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis NOV 2 1977	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The second section of the second			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEM	MENTS I	ВХ	PHYSICIAN
-------------------------------------	---------	----	-----------

(Addres

20, FILED

of infor-

dies State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

If so, specify \_.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		000	
Other contributory causes of importance:		Other contributory causes of importance	
Gallstones	May 1,1923	Gastroenteritis 1937	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-MALY, WITH UNFADING INK-THIS IS A PERMANENT RECARD. Every item of infor-MARGIN RESERVED FOR BINDING See instructions on back of cortificate N. B.-WRITE PLA

V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 10701
County Baltimore	Registration Dist. No. 30
	No.
	oosds. How tong in U.S. if of foreign birth?yrsmosd
2. FULL NAME LOZZIS PER ENER	If U. S. Veteran, specify WAR
(a) Residence: No. Wilkens / Rogan Ales. (Usual place of abode)	St., Ward.  Catows Uille. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
A. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  1. SEX  1. SEX  1. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
a. If married, widowed, or divorced HUSBAND of (er) HISBAND of (er) HISBAND of F. NM3 L. "E.	22. I HEREBY CERTIFY. That t attended deceased from 1937 to 0 % 30 - 1937
S. DATE OF BIRTH (month, day, and year) 1 - 1868  AGE Yeers Months Days If LESS than 1 day,	to have occurred on the date steted above, at
8. Trede, profession, or particular kind of work done, as SPINNER, The Ohiot.	were as follows:  A summer of T byrus Date of one
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	malnutulien O
yeer) occupation	Other Contributory Causes of importance:
(State or country)  13. NAME A TO CALL F. V. C. F.	- Justing ocume
14. BIRTHPLACE (city or town) Gormany  (State or country)	Name of operation
15. MAIDEN NAME MORY FIL DOF	23. If death was due to externat couses (VIOLENCE) fill in etso the following:
15. MAIDEN NAME NOT V FILL BET	Accident, suicide, or homicide? Date of tnjury, 19
17. INFORMANT MAS LIAS. JAFfet (Address) WIKENS + Rogan Augs Cato	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place LOHGON TOKK Date / AU D - , 1907	Neture of injury
19. UNDERTAKED B. The per ASme) (Address) 3 Property Asme)	24. Wes disease or injury in any wey retated to occupation of deceased?
20. FILED 1/2 , 19 Alla diese Registras.	(Signed) March Market M. M. (Address) 2157 Welling aux

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis 2 1005	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
L CARLON G				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

N. B.

1. PLACE OF DEATH		<u> </u>		1010
County Daltimole			Registration Dist.	No. 44
Village or City Cossel		No	r institution, give its NAME inst	St.,Ward
Langth of residence in city or town where death o				
2. FULL NAME Arsensh &	Im Fehre			
1/21 00.1	(1, e		teran, specify WAR	
(a) Residence: No. Transchure	Usual place of abode)	St.,Ward.	If nonresident give	city or town and State
PERSONAL AND STATISTICAL	. PARTICULARS	MEDICA	AL CERTIFICATE OF	F DEATH
M. M. 01	NGLE, MARRIED, WIDOWED, R DIVORCED (write the word)	21. DATE OF DEA	TH Oct (Month)	// , 193 // (Day) (Year)
ia. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine To	elm	22. July 1	EBY CERTIFY	That i attended daceased fro
5. DATE OF BIRTH (month, day, and year) Tuck.	19-1863	I last saw hite aliva	on Oct 11	, 19-37.; death is sai
7. AGE Years Months	Days If LESS than 1 day,hrs. ormin.		te stated ebove, at ///30 F. F DEATH and related causes of	
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc Jac	lor	Chranie	Myseardillo	/936
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month end		-		
10. Date deceased last worked at this occupetion (month end year)	11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town)		Other Cantributary Causes	of importance:	
(State or country) Jerm	any	Dieskel	is	
13. NAME Unkinon	nel			
13. NAME  14. BIRTHPLACE (city or town)  (State or country)  Services	ing	Neme of operation		Dete of
15. MAIOEN NAME Unform	v()	23. If death was dua to exte	rnal ceuses (VIOLENCE) fill in	
16. BIRTHPLACE (city or town)		Accident, suicide, or homic	ida? Date	of injury
E (State or country) Germa	ny	Where did injury occur?		10
17. INFORMANT Mes Cinna I Tue (Address) Frankline Cu E	Essex md.	Specify whether Injury occ	(Specify city or tow urred in INDUSTRY, in HOME,	or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Care Janus Da	te 10/15 1937	Menner of Injury		
19. UNDERTAKES John G. Com (Address) Baset., mi	elly	24. Was diseese or injury li	n eny wey releted to occupation	of deceesed? WC
20. FILED 10/14 , 1987 John	S. Cermelle	(Signed)(Address)	7.0	Exces mil

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	fi	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
WOV 4 1927			
Other contributory causes of importance;		Other contributory causes of importance:	- 400
Gallstones	May 1,1923	Gastroenteritis	1 year
· Land Description of the land of the land			

# STATE OF MARYLAND—CERTIFICATE OF DEATH

1	10	bay	0	1)
1	U	6	U	3

1. PLACE OF DEATH	52.0		
County Baltimore	Registration Dist. No.		
Village or City Townson	No. St., W. (If death occurred in a hospital or institution, give its NAME instead of street and number)		
Length of residence in city or town where death occurred	nosds. How long in U.S. if of foreign birth?yrsmos		
2. FULL NAME Rachel Fish p	aw how keend		
(a) Residence: No. 506 Alleghang (August place of abode)	Ward. Journal Hell If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
Female White S. Single, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH in 22 193 7		
e. If married, widowed, or divorced HUSBAND of (ar.) WIFE of Alford Fisherau	22. I HEREBY CERTIFY, That I ettended deceased  Och 22 1932 to 22 19		
DATE OF BIRTH (month, dey, and year) Men 1853	i last saw h etc. alive on Od. 22 1937 death is		
. AGE Yeers Months Days If LESS than	to heve occurred on the date stated above, at		
8 4 5 4 1dey,hi	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:		
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Written Consider a		
9. Industry or business in which work was done, as SILK MILL.	The second control of the second seco		
Spent in this			
2. BIRTHPLACE (city or town) Raw Windson	Other Contributory Causes of importance;		
(State or country)	- Toxemia		
13. NAME Vosiah Hibberd	Indary Anemia		
13. NAME Vosial Hibberd  14. BIRTHPLACE (city or town) Carroll CS (State or country)	Name of operation Date of What test confirmed diagnosis? Chesac Confirmed Westhere an autopsy?		
15. MAIDEN NAME Mary Mathews	23. If death was due to externel causes (VIOLENCE) fill in also the following:		
15. MAIDEN NAME  Mathrws  16. BIRTHPLACE (city or town)  (Stete or country)  Mathrws  Mathrws  Mathrws  Mathrws  Mathrws	Accident, suicide, or homicide? Dete of injury, 19		
7. INFORMANT Mabel Sites (1887) (Address) 606 Alleghann and 1889)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
Place Place Date Oct 25 193	Manner of injury		
9. UNDERTAKER 10 CONTROL (Address) 1217 St. Paul St.	24. Was disease or injury in any way related to occupation of deceased? 10		
o Fire ct 23 12 M Warrell / astor	(Signed) also: A Sedfaceh		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- li	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis 10 1 2 1	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
to the second se				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

state

# STATE OF MARYLAND-CERTIFICATE OF DEATH

10704

1. PLACE (				930 80 11		
	Baltimo			Registration Dist. No.		
Village or City Catonsville				Welling Town Jak Downey		
Length of re	sidence in city or town where	death occurred	l yrs 2 mos	f death occupied in a hospital or institution, give it NAME instead of street and number)  s		
2. FULL NA	AME John	F. Fisk	e, Jr.	If U. S. Veteran, specify WAR		
(a) Reside	nce: No. 1324 Eu	taw Plac	e, Balto.	St., Ward.  If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS			ICULARS	MEDICAL CERTIFICATE OF DEATH		
s. SEX	4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  M Divorced		ED (write the word)	21. DATE OF DEATH October 31, ,1937 (Month) (Dev) (Yeer)		
5a. If merried, widowed, or divorced HUSBAND of				22. I HEREBY CERTIFY, Thet I ettended deceased from		
	Alverta Hol	land		Aug. 28, 19 36, to Oct. 31, 19 37		
	(month, day, end yeer) Ju			I last saw h_1m elive onOct3l, 1937_; death is said		
AGE Y	ears Months	Days	If LESS then	to have occurred on the date steted above, et 5:05 p.m.		
	7 4	9	ormin.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of Importance were es follows:		
& Trede, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. Salesman				Chronic alcoholism Before 1932		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc Salesman  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc Various businesses  10. Date deceased last worked at  11. Total time (years)				Chronic myocarditis Before 1936		
			sinesses	Non-specific Cystitis Sept, 1937		
10. Date decea	sed last worked at			Peripheral Neuritia Before 1936		
11113 000	upetion (month end 1934	sp.	time (years) entin this Life	Pulmonary edema Oct., 80, 193		
2. BIRTHPLACE (c	city or town)Ohio_			Other Coutributary Causes of Importance:		
13. NAME	John F. Fiske					
14. BIRTHPLACE (city or town) Kentucky				Neme of operation None Dele of		
(State or country)				Whet test confirmed diagnosis? Clinical & Wes there en eu'opsy? Yes		
15. MAIDEN NAME Grace Gatch 16. BIRTHPLACE (city or town)				23. If death wes due to externel causes (VIOLENCE) fill in also the following:		
16. BIRTHPLACE (city or town)				Accident, suicide, or homicide?NO Date of Injury, 19		
7. INFORMANT	Hospital Rec	ords		Where did Injury occur?(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
(Address)  18. BURIAL, CREMATION, OR REMOVAL			/11	Menner of Injury		
Plece LL	dford Olass	Date	.7,1937	Neture of Injury		
9. UNDERTAKER (Address)	Alm le	000	wy al	24. Was disease or injury in any way releted to occupation of deceased? NO		
20. FILED. 18/	1.137	Holm	Registrar.	(Signed) June of June M. D		
	If mobile	Didn't be mades		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago July 5.1927 Cerebral hemorrhage Peritonitis 3 days ago DEC 0 1027 Other contributory causes of importance: . S. Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------------	-------	---------	------------	----	-----------

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-N. B.-WRITE PLANKY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1

STATE OF	MARYLAND-	CERTIFICATE	OF DEATH	10705
1. PLACE OF DEATH		(8)	/,	
County ( ) alt	non.		Registration Dist. No.	4
Village or City Dan	aus sount	No. 254	×) st.	Ward
Length of residence In city or town where deat			tion, give its NAME instead of street and foreign birth?yrs	
2. FULL NAME Stell for	1 (Fox)		specify WAR	
(a) Residence: No. 224	20	St.,Ward.		
PERSONAL AND STATISTICA	(Usual place of abode)	MEDICAL CI	If nonresideot give city or town a ERTIFICATE OF DEATH	nd State
3. SEX 4. COLOR OR RACE 5.	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	Con 14th	
Mals white	singl		(Month) (Day)	, 193/ (Year)
5a. If married, widowed, or divorced HUSBAND of	Y	22. I HEREBY	CERTIFY, Thet I ettende	d decreed from
(or) WIFE of			19to	
6. DATE OF BIRTH (month, day, and year)	114 7 37	last saw h alive on		,
7. AGE Years Months	Days   INLESS than	to have occurred on the date states		, usatii is seiu
	1 day,hrs.	The PRINCIPAL CAUSE OF DEAT	Hand related causes of importance	
8. Trade, profession, or particular	or/min.	were es follows:		Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		otill ton	n intans	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at				
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) par	ms Pant	Other Cootribotory Causes of Impo	2 /	
(State or country)	mid	Orema	Jun brill	
13. NAME / OS ON STATE OF THE S	ox		(3 ms)	
14. BIRTHPLACE (city or town)	Va	Neme of operation	Date of	
(State or country)	8	What test confirmed diagnosis?	Was there a	n autopsy?
15. MAIDEN NAME WILLIE C	10 pter		ses (VIOLENCE) fill in also the followi	
0 16. BIRTHPLACE (city or town)		The state of the s	Date of injury	-11.61
∑ (State or country)		Where did injury occur?		
17. INFORMANTULLIE C. 4. (Address) Spanows	Pornt	Specify whether injury occurred in	(Specify city or towe, county and S INDUSTRY, in HOME, or in PUBLIC !	tate) PLACE.
18. BURIAL, CREMATION OR REMOVAL	1/	Manner of Injury		
polen a John	betopiling	Nature of injury		
19. UNDERTAKER M atomical L.	aboveton	24. Was disease or injury in any wa	ay related to occupation of deceased?	
(Address)	niol :	If so, specify	in addied	
20. FILED 15, 19.37 41	Menger M.	(Signed) (Address)	borowson	of M.D.
If more blan	aks are needed, address State Registrar	24 . N Charles Street Baltimon E.	TI C Ma	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
V. 5				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			<u> </u>	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10706
1. PLACE OF DEATH	<u> </u>
County Bally.	Registration Dist. No. 44
Village or City / Losedall	death occurred in a horpital of institution, give its NAME instead of street and number)
Langth of residence in city of town where death occurred yes mos	death occurred in a hospital of institution, give its NAME instead of street and number)  1
2. FULL NAME JOHN T. MAN	acheh
(a) Residence No Jona 1-1 in + Phila. A	Ast. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR PACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5a. It married Widowad, or divorced HUSBAND of athorine Gallaghe	22. I HEREBY CERTIFY. That I attended deceesed from 1931, to Color R3 1937
6. DATE OF BIRTH (month, day, end year) 14.27 1967	Hast saw h elive on Oct 23 . 1937; daath is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated abova, at 2.Qm.
70 27 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trade, profassion, or particular kind of work done, as SPINNER. Building hate.	Cheanie myo caedelis Date 01011861
ONNIEL EN, BIGGORDE	and and rids landiles
9. Industry or businass in which work was done, as SILK MILL # Call Buss. SAW MILL, BANK, atc.	Chronice endocondition Cuts R.
10. Date dacaasad last worked at this occupation (month and 8/25/27) spent in this 45.44	2
13 DIRTURI ACE (situat town) B - 1 to 0 - 1	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (Stata or coup(r))	allies debleases
# 13. NAME John Gallagher	Charles Virginis and
14. BIRTHPLACE (city or town)	Nama of operation Dete of
(State of country)	What test confirmed diegnosis?) Lead Camplants there an autopsy?
15. MAIDEN NAME Hand Subse	23. If daath was due to external causes (VIOLENCE) fill in also the following:
6 16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Date of injury, 19
E (State or country) feland	Whare did injury occur?
17. INFORMANT & att. Sallagher (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place Men 6 athyland Data 10/27/ 1921	Nature of Injury
19. UNDERTAKER John Jonatania (Address) 3000 Cornella St	24. Was disaesa or injury in any way related to occupation of daceasad?
20. FILED 10/26, 1937 John & Convelle Registrarily	(Signad) M.D. M.D. M.D. (Address) So 15 Ellewed an
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Balsimore, Requesting U. S. No. z.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employec," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II
The principal cause of death and related cause of importance were as follows:	S Date of onset	The principal cause of death and related causes Date of onset of importance were as follows:
Arteriosclerosis	1915	Attack of epilepsy 1 week ago
Chronie interstitial nephritis	1921	Run over by street ear / 1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis 3 days ago
		23
Other contributory causes of importance:		Other contributory causes of importance:
Gallstones	May 1,1923	Gastroenleritis 1 year

V. S. No. 1

5NG	VENT RECARD. EV	TLY. PHYSICI	fied. Exact statem	
FOR BINDL	IS IS A PERMAN	e stated EXAC	e properly classif	f certificate.
MARGIN RESERVED FOR BINDING	N. BWRITE PLANLY, WITH UNFADING INK-THIS IS A PERMANENT REARD. EV	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIA	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statem	TION is very important. See instructions on back of certificate.
V. S. No. 1	N. B.—WRITE PL.	mation should b	CAUSE OF DE	TION is very in

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10707
1. PLACE OF DEATH	(210-m)
County Bato Co!	Registration Dist. No. 33
Village or City Lear Keisterstown	No. St., Ward
2. FULL NAME A Market Sile Sile (a) Residence: Np. 14/14/14/14/14/14/14/14/14/14/14/14/14/1	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long In U.S. if of foreign birth?
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (white the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced	(Month) (May) (Mar)
HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, end yeer) Culy 25° 1912	22. THEREBY CERTIFY. Thet I steended deceased from 19.3, to 19.1,
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, etm.
25 4 2 81 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
8. Trade profession, or perticular kind of work done, as SPINNER, Whame SAWYER, BDOKKEEPER, etc.	eccidents Dead
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	antragendent
11. Total time (years) this occupation (month and year)	Dther Contributory Causes of importance:
12. BIRTHPLACE (city or town)	C V
(State or country) Agan land	
13. NAME William 74 Bill	
13. NAME Waller 7. Fill  14. BIRTHPLACE (city or town)	Neme of operation
(State of County) machine	What test confirmed diagnosis? Was there an europsy?
15. MAIDEN NAME Agartha E. Brooks  16. BIRTHPLACE (city or town)	23. If deeth was due to externel causes (VIOLENCE) fill in elso the following:
(State or country) Maryland	Where dld injury occur? The say - De de the terre
17. INFORMANT MADI Marthy E. Saegusa (Address) Man Chiesta Sun	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Man chestra Ad Dete 10-19. 19.3	Manner of Mary J. Edward Mylrs J. P.
19. UNDERTAKER Jacob Winks Bays (Address) Manchester Ind	24. Wes disease or injury in any way related to occupation of deceased?  If so, specify
20. FILED Oct 19, 1937 J. Kowe Price	(Signed) — Address) — Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Dete of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		007	
Other contributory causes of importance:		Other contributory causes of importance: 937	1
Gallstones	May 1,1923	Gastroenteritis	1 year
		N. 1	

should state of OCCUPA. N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-PHYSICIANS Exact statement AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. mation should be carefully supplied. TION is very important. V. S. No. 1

1 PLACE OF DEATH	-CERTIFICATE OF DEATH
1. PLACE OF DEATH County Ball	95%
la esta a	Registration Dist. No.
Village or City	NoSt., War  If death occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME Man 9. Govern	
	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Jemel White Original	(Month) (Day) (Year)
a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased fro
0001618	, 19, to, 19, 19
. AGE Years Months Days If LESS than	I last saw h; death is sai
AGE Years Month's Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
l ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL	
work was done, as SILK MILŁ, SAW MILL, BANK, etc.	Sudd of the
10. Date deceased last worked at this occupation (month and spent in this	the first was
year) spent in this occupation	John Sulmy on Chan
2. BIRTHPLACE (city or town) 22 CD 2015	Other Contributory Causes of Importance
(State or country)	ardias disease
13. NAME Selvy J. Fover	
13. NAME Shewy J. Fover	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME CHANGE & GRADER	23. If death was due to external causes (VIOLENCE) fill in also the following:
16 PIDTUPI ACE (aisy or source)	Accident, suicide, or homicide? Date of Injury 19
16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
Malan 12 4 - Tan	(Specify city or town, county and State)
7. INFORMANT (Address)	Specify whether injury occurred In INDÚSTRY, in HOME, or in PÚBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Virtue Centery Date Oct 193	Nature of Injury
San Cratication of	
9. UNDERTAKER TO THE CALLED TO A STATE OF THE	24. Was disease or injury In any way related to occupation of deceased?
0+1 120 P:	(Signed) Sulfa All
0. FILED OCCUP, 1937 Anna Price Registrar.	(Address) Langurelle C.
	, 2411 N. Charles Street, Baltimore, Requesting D. S. No. 1.

1507/118

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employce," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1931	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Cerebral hemorrhage			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
The second secon			

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

This Case was feen by me a fur minutes after death while body man still marm of from my brewater of protect gatthered from mis many the feeth and recujant of the word, my inference was a cardiar design.

STATE OF MARYLAND-CERTIFICATE OF DEATH

4	10	11	()	6
	U	6	0	9

1.	PLACE O	F DEA	TH			(165)	1600
/	CountyB	altim	ore			Registration Dist. No.	
				le. Md.	(1f	No. Spring Grove State Hosp. St.,  f death occurred in a horpital or institution, give its NAME instead of street and it s. 27 ds. How long in U.S. if of foreign birth? yrs. me	Ward
2.	FULL NA	ME	John J.	Hagemann		If U. S. Veteran, specify WAR	
			Lansdow			St., Ward.  If nonresident give city or town and	
AND LOCAL	PERSON	ALAN	D STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SE	male		white	OR DIVORCE	RIED, WIDOWED, D (write the word) ried	21. DATE OF DEATH October 2 (Month) (Day)	, 193
5a. II	f married, widow HUSBANO of (or) WIFE of	200		Filling,	died	22.   HEREBY CERTIFY, That I attended	
6. D	ATE OF BIRTH	month, day	y, and year)	July 22,	1872	I last saw harmalive on Bout , 19	; death is said
7. AC	GE Yea	65	Months 2	Days 10	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at	Date of onzet
PCCUPATION	9. Industry or work was SAW MIL	vork done, BOOKKEE business in s done, as S L, BANK, e	as SPINNER, PER, etc  which SILK MILL, B	. & O. Ra	inist ilroad ime(years) ntln this 38 yr	Horngen Strangelation Surveille Other Contribujory Causes of Importance:	Del-2-37
	(State or cour	ntry)		timore, M	d	was a Patrent at this Grown !	60
HER			h Hagema			40 3 mas 27 day	
FATHER	14. BIRTHPLACE (State or	country)	own) Germ	any		Name of operation	nulopsy?_Bage
JER	15. MAIDEN NA	ме В	arbara ?			23. If death was due to external causes (VIOLENCE) fill in also the following	
MOTHER		(city or to	own)?			Accident, suicide, or homicide? Suicisla Date of Injury Oct Where did injury occur? Shim Success Augustus Constitution	Colle
17. INFORMANT Hospital records (Address)						Specify whether injury occurred in NDUSTRY, in HOME, or in PUBLIC PL	ACE.
18. BURIAL, CREMATION, OR REMOVAL Place Ballo C Date Got 5, 19 37.					ct 5, 19 37	Manner of Injury Hanging Slef Clastria	
19. U	JNOERTAKER (Address)	115	217 27	Paul	et-	24. Was disease or injury In any way related to occupation of deceased?	me
20. F	ILEO Od	-2,	1937 Ju	ourball	B West	(Signed) Marshall Block M. (Address) Calonnulle M.	M. O.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		(60)	l e
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		4 83	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	22 M. W.
County Dellimere	Registration Dist. No.
Village or CityEUDOWOOD SANATORIUM, TOWSON,	NoSt Ward
(If	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred	ds. How long in U.S. If of foreign birth?yrsds.
2. FULL NAME Harret Hoslup.	If U.S. Veteran specify WAR.
(a) Residence: No. 2040 E Lauralle	St., Ward. Ballinon
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH
Jewoh Mur Manuel	(Month) (Day) (Year)
5a. If married, widowed, or diverced HUSBAND of	22. I HEREBY CERTIFY. That Lettended deceased from
(or) WIFE of Ederard Haslup.	22.   HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) Spul 29, 1899	I last saw here alive on October 5 ,1937; death is seld
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 2:13 A m.
20 5 Lay,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Pulmonar Tuberalos Februar
9. Industry or business in which	1/927
SAW MILL, BANK, etc.	
SAW MILL, BANK, etc	
year) / oc:upation	Other Contributory Causes of Importance;
12. BIRTHPLACE (city or town) Ballimon, Ma	, salar state of importance.
(State or country)	
13. NAME They be the specific of the specific	
	Name of operation Date of
(State or country) Many land.	What test confirmed diegnosis? X Ray Was there an autopsy? W
15. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill in elso the following:
6 16. BIRTHPLACE (city or town) Baltimar	Accident, suicide, or homicide? Date of injury, 19
Personal History—Hospital Record	Where did injury occur?
17. INFORMANT	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Addres Budowood Sanatorium, Towson, Md	•
18. BURIAL, OREMATION, OR REMOVAL	Manner of injury
Place Journal Com. Date 10/8 1937	Nature of injury
19. UNDERTAKER Tonard Jo Tuck	24. Was disease or injury in any way releted to occupation of deceased? Pw.
(Address) 5305 (Barford Old.	If so, specify
20, FILED 10/5 193) & W. Bacon	(Signed) NU Bridges M. D.
Registrar.	(Address) Towson And

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

10711

1. PLACE OF DEATH					
County Baltimore			Registration Dist. No. 3	8	
Village or City Full lert on			ND. Joppa Road St.,  f death occurred in a hospital or institution, give its NAME instead of street and		
Length of residance in city or town whe	re death occurred	yrsmos	ds. How long In U.S. if of foraign blrth?yrs	osds.	
2. FULL NAME Mary T			If U. S. Veteran, specify WAR	•••••	
			St., Ward.  If nonresident give city or town and	1 State	
PERSONAL AND STATIS	STICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	Alfred Co.	
Female White		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH October 5th. (Month) (Day)	, 193_7 (Year)	
5a. If merried, widowed, or divorced HUSBAND of					
(or) WIFE of	13 MA		22. I HEREBY CERTIFY, That I attended		
			, 19, to		
6. DATE OF BIRTH (month, day, and year)		1899	I last saw h alive on	_; death is said	
7. AGE Years Months	Days	If LESS than  1 day,hrs.	to have occurred on the data stated above, at 12:30 A. M.  The PRINCIPAL CAUSE OF DEATH and related causes of importance		
37 9	15	ormin.	were as follows:	Date of onset	
8. Trada, profession, or particular kind of work done, as SPINNER.	9-33	3		10/5	
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc 9. Industry or business in which work was done as SILK MILL	parearac	ху		1937	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Bakanv		with transnhages.		
10. Data daceased last worked at		time (years)	Hemorrhages and to gastrie ulcer.	-	
this occupation (meeth and 37 year) OCL 3	spe	ent in this 5	Duration: Inknown! Cargo		
		opation	Other Contributory Causes of importance:		
12. BIRTHPLACE (city or town) Balt	Q <u>.</u>			-	
(Stata or country) Md					
13. NAME Adam Heil 14. BIRTHPLACE (city or town)					
4 14. BIRTHPLACE (city or town)			Name of operation Dete of		
(State of country) Gar	many		What test confirmed diagnosis? Was thera an	autopsy?	
15. MAIDEN NAME SCholas 16. BIRTHPLACE (city or town)	tica Kiro	chner	23. If death was due to external causes (VIOLENCE) fill in also the followin	g:	
6 16. BIRTHPLACE (city or town)			Accident, suicide, or homicide? Date of injury	, 19	
16. BIRTHPLACE (city or town) (Stata or country) Ger	many		Where did injury occur? (Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE		
17. INFORMANT Mr. Adam H	eil		(Specify city or town, county and Sta Specify whather injury occurred in INDUSTRY, in HOME, or In PUBLIC PL	te) .ACE.	
(Address) Joppa Road, Fullerton					
18. BURIAL, CREMATION, OR REMOVAL		Manner of Injury			
Place Parkwood	Date Oc	t.8 ,1937	Neture of injury		
19. UNDERTAKER Fachuil (Address) 7401 Bela	ir Road	how	24. Was disease or injury in any wey related to occupation of decaased?		
20. FILED 10/6 , 19.32 A.M. Bacan Registrar.			(Signed) flowing ades in.	mo'r	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 93	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Language of the second			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	93 <sup>-1</sup> d
County Malterinae	Registration Dist. No. 30
Village or City Novellawee	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where daath occurredyrs	nosds. How long in U.S. If of foraign birth?mos
2. FULL NAME da & Fleissel	occal If U. S. Veteran, specify WAR
(a) Residence: No. 5 60 9 Manual (Usud place of abode)	Rd St., Ward. Ballinsen M.A.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
8. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, ON DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Day) (Year)
ia. If marriad, widowed, or divorced	22. I HEREBY CERTIFY. That i attanded deceased f
(or) WIFE of Street C. of luceurae	September 29, 19.37 to October 11 19.3
5. DATE OF BIRTH (month, day, and year) 10/27/1880	liast saw h.er. alive on October 8 ,19 37; death is
AGE Yaars Months Days If LESS than	
57 11 14 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	wera as follows: Acute Cardiac Dilatation 10/11/
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BODKKEEPER, etc.	Acute Cardiac Dilatation 10/11/
9. Industry or businass in which	
9. Industry or businass in which work was done, as SILK MiLL, SAW MILL, BANK, etc.	
10. Date daceasad last worked at this occupation (month and spent in this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Dalleil ore	Myocardal Insufficiency Unknow
(State or country) Reaseplaced	Subacute Gastritis 9/29/3
13. NAME Theway Co Koebe	
13. NAME There (city or town)	Name of operation Date of
(Stata or country) Leverence	Name of operation Date of Ulinical Examination Was there an autopsy? N. What tast confirmed diagnosis? Was there an autopsy? N.
15. MAIDEN NAME Doroely, Bourse	23. If death was dua to axternal causes (VIDL ENCE) fill in also the following:
	Accident, suicide, or homicide?
16, BIRTHPLACE (city or town)	Where did injury occur?
7. INFORMANT Jolice C. Fleire war	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Piace Western Earl Date Get 14-379	Nature of injury was seek a seed
9. UNDERTAKEN B Shippert & Screl	24. Was disease or injury in any way related to occupation of deceased? NO
(Address) / 300 Ec tour Place	. If so, specify
20, FILED 10/19 19 19 19 19 19 19 19 19 19 19 19 19 1	(Signed)
Registrar.  If more bland or friends, address blate Regist	01060

V. S. No. 1

N. B.-WRITE PL

WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

MARGIN RESERVED FOR BINDING

AGE should be stated EXACTLY PHYSICIANS should state

properly classified.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

Exact statement of OCCUPA-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Run over by street cur Chronic interstitial nephritis 1921 1 week ago Cercbral hemorrhage July 5.1927 Peritonnis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

FOR BINDING

MARGIN RESERVED

state

(Day)

Ward

(Year)

1 0 or	74	Date of onset
cular SPINNER, R, etc	Velany	5 days
nich K MILL,	Trimory caux of the tetany . Tremotion	el birthe
at and 11. Total time (years) spant in this occupation	Sur Clored St.	
Predale m	Other Contributory Carter of Improvance of Leneral Webstlity	5 day
am Heisey.		
Juneastul P. A		Date of
wlette Dieter.	What test confirmed diagnosis? Was t  23. If death was due to external causes (VIOLENCE) fill in also the	
Bulto City	Accident, suicide, or homicide? Date of injury	
um Hersey	Where did injury occur? (Specify city or town, county Specify whether injury occurred in INDUSTRY, in HOME, or in PU	and State) BLIC PLACE.
NAL Date Opt 25 to	Manner of injury	
Cook	24. Was disease or injury in any way related to occupation of dece	ased? Mu
37 3. a. Futz !	(Signed) Summy Carlos Consider	ger M. D.
	e Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the dex ceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitiat nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
HEREST V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH	10714
DEATH 107-2	44

A. PLACE OF DEATH	- 107 -
County Baltune	Registration Dist. No. 3/
	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurred yrs. 2mos	ds. How long In U.S. If ol loreign birth?yrsmosds.
(a) Residence: No. Rock dale	If U. S. Veteran, specify WAR
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Dey) (Pear)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of the second	22.   HEREBY CERTIFY, That I attended daceased from
6. DATE OF BIRTH (month, dey, and year) May. 11th 1831	
7. AGE Years Months Deys 11 LESS then 1 day,hrs. ormin.	to heve occurred on the dete stated above, at
8. Trede, profession, or perticular kind ol work done, as SPINNER, SAWYER, BODKKEEPER, etc.	Broncho preumbria at 12
SAW MILL, BALK, etc.  10. Dete deceased last worked et  11. Totel time (years)	Urterioselerosis
11. Total time (years) this occupation (month and 19.35 yeer)  11. Total time (years) spent in this occupation	Other Contributary Causes of Importance:
12. BIRTHPLACE (city or town) Lackada (State or country)	
# 13. NAME/homas R. Jones	
13. NAME / homas Y.	Name of operation Dete of
(State of county)	Whet test confirmed diegnosis? Wes there an autopsy?
15. MAIDEN NAME LESAULUS TELLES 16. BIRTHPLACE (city or town)	23. If deeth wes due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT CAMPA HE design (Address) V The Company of the Compa	Where dld injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL Date Of 19 1, 193	Menner of Injury
19. UNDERTAKER S. Masshall Balta ma	24. Wes disease or injury in eny wey related to occupetion of deceesed?
20. FILED Pat 18 , 19.39 Wm & martin Registrar.	(Signed) From E. Marline M. D.  (Address Pandalletown, Ind.)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the dcceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: 1915 Attack of epilepsy Arteriosclerosis 1 week ago Run over by street car Chronic interstitial nephritis 1921 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FO	OR FURTHER	STATEMENTS	BY	PHYSICIAN
---------------------	------------	------------	----	-----------

/ PLACE OF DEATH	STATE OF MARYLAND
County BALT, MORE	45-8 CERTIFICATE OF DEATH
	NUNNER) LANESt: Ward) (If death occurred in a hospital or institu-
2FULL NAME DETENTED U. // O	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) MARRIED	16 DATE OF DEATH
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw h alive on Och 1 , 19237,
7 AGE  7 AGE  1 If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or Particular kind of work CLERCK DE COURT	Carousus of Tongue
(b) General nature of industry business, or establishment in BALT MONE LOUNTY which employed or (employer) COORT HOUSE	(Duration) 1 yrs. Q. mos. 6 ds.
9 BIRTHPLACE (State or country)	Contributory
10 NAME OF FATHER FOWARD REPMOND HOGARTY	(Signed) Markall Block M. D.  Od 19237 (Address) Calamult Mark
OF FATHER  (State or country) I RELAND  12 MAIDEN NAME	*State the Illusase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER MARY ELLEN MC QUADE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) TRELAND	At place of death yrs mos ds. In the State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) MRS. MARY HOGHRTY	usual residence
(Address) 5 NUNNREY LANE	CATHEDRAL CEM. BALTO, 10/5, 1937
15 Filed Och 4 1937 marshall B hest	C. Vernon Lemmon 4611 Park Heights
If more blanks are needed, addre.s Ltate Registrat	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. Balto. md.

10715

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servont, Cobb, Housemuid, etc. If the occupation has been changed Spinner, (b) Cotton mill; (a) Solcoman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it whatever, write None. or given up on account of the DISEASE CAUSING DEATH, work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houselaborer, Farm (unver, source) the duties of the en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stotionory fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (70 to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Statement of Occupation-Precise statement of ocfirst line will be sufficient, e. g., Farmer or Planter, Foreman, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Doy For persons who have no occupation (a) the kind of work and also (b) the (3) Grocery;

Strtement of Cause of Death—Name, first, the Disease of Using Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinul meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Tobor pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septiaemia," "PUERPERAL peritonitis," etc. "Exhaustion," "Heart Innure,
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease stated unless important. inges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (mcrely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Debility" (secondary or intercurrent) affection need not be Whooping American Medical Association.) unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; ("Congenital," "Senile," etc.), "Dropsy, on," "Heart failure," "Haemorrhage, Chronic volvular heart disease; Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1	HEALTH DEPARTMENT	T-CITY OF BALTIMORE
	1. PLACE OF DEATH Randles CERTIFICATE  ONLY OF BALTIMORE: (No. Wingin & W. D.	Registered No. 32  (If death occurred in a hospital or institution
1	Length of residence in city or town where death occurred hyrs	give its NAME instead of street and number.)  mosds. How iong a U. S. If of foreign birth?yrsmosds  If U. S. Veteran specify WAR
	(Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS	(If non-resident give city or town and State)  MEDICAL CERTIFICATE OF DEATH
3	3. SEX   4. Color or Race   5. Single, Married, Widowed,	0.1/2.4
	Jenale white or Divorced (write the word)  5a. If married, widowed, or divorced HUSBAND of trank, Hohman	21. DATE OF DEATH (month, day, year)  22 I REREBY CERTIFY, That I attended deceased from 19
OH Back o	6. DATE OF BIRTH (month, day, year) Dec., /2-1858  7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 5 m.  The principal cause of death and related causes of importance were as follows:  Date of onse
EST MCCANATO	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  6. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	Other contributory causes of importance:
200	10. Date deceased last worked at this occupation (month and year)	Artira Silwais
ALCO	12. BIRTHPLACE (city or town (State or country)	Was an operation performed? Date of
חו במ	13. NAME Clayett	For what disease or injury?
J Lika L	14. BIRTHPLACE (city or town) full (State or country)	What test confirmed diagnosis days was there an autopsy? 23. If death was due to external causes (violence) fill in also the fol-
12 101	15. MAIDEN NAME Wary / Chr.	lowing: Accident, suicide, or homicide?Date of injury
14.4	16. BIRTHPLACE (city or thun)   (State or country)	Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public
17.	17. INFORMANT	piaco
4	13. BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Place toly Family Date Oct 3 13)	Nature of injury
	- le W Marin Ol	24. Was disease or injury in any way related to occupation of deceased?

If so, specify

M. D.

(Signed)..

66 Wa

Registrar.

19. UNDERTAKER

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was cone.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business avoid the use of such general terms as "store," "factory," "mill," etc. State the

particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries.

Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1, 1923	Other contributory causes of importance:  Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10717
1. PLACE OF DEATH ,	95-8
County Saltyrore	Registration Dist. No. 42
Village or City Land downe - Essles	Cholle St Ward
Length of residence in city or town where deeth occurred 30 yrs. mos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
2. FULL NAME Henry D. Housle	AA
(a) Residence: No. Hammouch Ferry	Les handown uld
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RAGE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (weite the word)	21. DATE OF DEATH  October  (Month)  (Dev)  (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WHES of Aura Roberta Hausbur	22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, end year) Dec. 19: 1864	
7. AGE Yeers Months Deys If LESS then	to heve occurred on the date stated ebove, et 9:154. m.
72 10 8 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importence were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Date of onset
9. Industry or business in which work wes done, as SILK MILL, Rail road  SAW MILL, BANK, etc.  11. Total line (week)	Car caro rouxas aissass
11. Total time (yeers) spent in this occupation (month and yeer)  12. Total time (yeers) spent in this occupation 40 %	Coronary Thromboses
12. BIRTHPLACE (city or town) Richmond Va,	Other Contributory Causes of importance:
(Stete or country)	Sudden deally
13. NAME Myknown - Hausly 14. BIRTHPLACE (city or town). Myknown	
14. BIRTHPLACE (city or town) 11. (State or country)	Name of operation Date of
	Whet test confirmed diagnosis? Wy Wes there an eutopsy? We
16. BIRTHPLACE (city or town) Rielmond, Va.	23. If death wes due to externel ceuses (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
(Stete or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT CHILLA C. Hausly (Address) Lausdowne, Wid.	Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Landon farks Dete (101: 30, 1937	Neture of injury
19. UNDERTAKER Undust, The	24. Wes disease or fijury in any way related to occupation of deceased?
(AUDIESS) WI N. LENDON	If so, specify
2. Fl. 60 1 1937 Replace from the	(Signed) M. D.  (Address) M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

### Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Peritonitis Cerebral hemorrhage July 5, 1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

V. S. No. N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10718
1. PLACE OF DEATH	
County Maltimare	Registration Dist. No. X 30
Village or City DOWOOD SANATORIUM, TUWOUN, M	Talu
(If	death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME Games Hullenglon	If U.S. Veteran specify WAR. 200
(a) Residence: No. 42/2 Woodlea and	St. Ward. Ballinger
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 18 1937 (Month) (Day) (Peer)
5e. If merried, widowed, or divorced HUSBAND of 24	
(or) WIFE of Morris J. Huffingters	22. I HEREBY CERTIFY, That I attended decesed from august 5 196 to Oltobe / P 1937
6. DATE OF BIRTH (month, day, and year) November 10, 1906	I last sew h en alive on October 18, 1937; death is said
7. AGE Yeers Months Days If LESS than	to have occurred on the dete stated above, at 4 Am.
30 // 3 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:
8. Trade, profession, or particular	Dete of onest
NO SAWYER, BDDKKEEPER, etc. S. Industry or business in which	Pulman Interness Deloter
9. Industry or business in which work was done, as SILK MILL, Own Home. SAW MILL, BANK, etc	1929
1) 10 Date deceased last worked at	
10. Date deceased last worked at this occupation month and 1936 spant in this occupation	
O O ·	Dther Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
E Po One & Co. D	Name of operation WWN
14. BIRTHPLACE (city or town) (State or country)	X-P
N FO	What test confirmed diagnosis? Was there an autopsy?
I IS. MAIDEN NAME Place Cole	23. If death was due to external causes (VIOL ENCE) fill In also the following:
o 16. BIRTHPLACE (city or town) 130 Change	Accident, suicide, or homicide?, 19,
Personal HistoryHospital Record	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
(Addressed owood) Sanatorium, Towson, Md.	
postoby Bleemed Dato 21 5 1937	Manner of Injury
Proce 2	Nature of injury
19. UNDERTAKER MELLEN Cottle	24. Was disease or injury in any way related to occupation of deceased?
(Address) 11. 7 9 A Read Shoot	If so, specify
20. FILED CLIS 13/ Wall Wall Don Hom	(Signed) M. D. TOWEROM M. D.
The state of the S	(Address) TOWSON Md
and the state of t	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Dete of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1 1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUKEAU V. S.	Control of the contro		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1-1

TION is very important. See instructions on back of certificate.

should state of OCCUPA.

STATE OF MARYLAND—	-CERTIFICATE OF DEATH 10719
County Baltumore	Registration Dist. Np.
Village or City Town	No. St., Wal
Length of residence In city or town where death occurred 40 yrsmos	os ds. How long In U.S. if of foreign birth?yrsmosc
2. FULL NAME Mm. C. Hunt	
(a) Residence: No. 15 Jelaware Ave (Usual place of abode)	St.,Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male White OR DIVORCED (write the word)  5a. If married, widowed, or divorced M.	October / 9 , 193 7 (Month) (Day) (Year)
HUSBANO of (Or) SHEET Midowood	22. I HEREBY CERTIFY, That I attended deceased from Nov. 11, 1936, to Oct. 19 1937
6. DATE OF BIRTH (month, day, and year) July 17 18 67	1 last saw h 2000 alive on Oct
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 6.75 H.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:  Hy pertensive Cardin
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work was done as SILK MILL	vascular Jisease 1935
work was done, as SILK MILL, SAW MILL, BANK, etc	
this occupation (month and 1935   11. Total time (years) spent in this occupation (ccupation 17)	
12. BIRTHPLACE (city or town) Peara (State or country)	Other Contributory Causes of importance:  My occar Sud Fachere
	-
14. BIRTHPLACE (city or town) Balli Learnty	Name of operation
(State of country)	What test confirmed diagnosis? Cleuical Was there an autopsy? M.
16. BIRTHPLACE (city or town) Balta consty	23. If death was dua to external causes (VIDLENCE) fill in also the following:
S 16. BIRTHPLACE (city or town) 70 all a commy (State or country)	Accident, suicide, or homicide?
17. INFORMANT ALEN LIEN MOOD	Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manage of Indian
Place Celymicalia Comply Date Out 21 y 1937	Manner of injury
19. UNDERTAKER SAMPLE SMILE SM	24. Was disease or injury in any way related to occupation of deceased? No
20. FILED el 19, 137 Il finale Partom	(Signed) To H. Seslacek M.
If more blanks are needed, address State Registrar,	(Address) Jourson Jud

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Evennle II

Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Lis suntur (Augmentains MA) re-			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

PHYSICIANS should state WATH UNFADING INK-THIS IS A PERMANENT RECORD, Every item of infor-Exact statement of OCCUPA. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING mation should be carefully supplied. NLY, N. B. WRITE P.

V. S. No. 1

1. PLACE OF DEATH	CERTIFICATE OF DEATH
County Ballimm	Registration Dist. No. 39
Village or City Immedia (1)	No. / St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredmos	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Fansa Antelina	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (prite the word)	21. DATE OF DEATH /0 /8 , 193 7
5a. If married, widowed, or divorced HUSBAND of	- (Month) (Day) (Year)
(or) WIFE of Fram of free Kubut Aubahni	22. OF HEREBY CERTIFY That attended deceased from 1937, to Out 18 1937
6. DATE OF BIRTH (month, day, end year) /2 -/2 -/8-33	I tast saw h 4 ative on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, etm.
8. Trade, p:ofession, or particular	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	John Processing The In
9. Industry or business in which	GALLAN MAN (11-13
work was done, as SILK MILL, SAW MILL, BANK, etc.	
O Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation	
Ballet a had	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	- Act of the second sec
	Larana
E COULTY OF THE PROPERTY OF TH	
44. BIRTHDLACE (city or town) (State or country)	Name of operation Date of
	What test confirmed diagnosis?
15. MAIDEN NAME Mary Jane Hang	23. If death was due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME mary Jank Hawking  16. BIRTHPLACE (city or town) J. J. Language Co. Inf.	Accident, suicide, or homicide? Date of injury, 19
(State or coun'ry)	Where did Injury occur?
17. INFORMANT min Gamil Antoloms (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place St. James Century Date Web 20 , 1937	Nature of injury
19. UNDERTAKER Martin Knuty	24. Was disease or injury in any way related to occupation of deceased?
(Address)	If so, specify
20. FILED Oct 19, 1937 anna Price	(Signed) 17 Myman M. D  (Address) Afacks ma
If more blanks are needed address State Barrier	N. C. J. C D. L

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		Nov	TU/
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

1. PLACE OF DEATH  County Solitance	STATE OF MARYLAND—	CERTIFICATE OF DEATH
Village or City Standard Ward  Length of residence in city or form where death occurred Syrs		92:01
Langth of residence in city or form where death occurred 1. yrs	County Bactimore	Registration Dist. No. 36
Langth of residence in city or form where death occurred? Jrs. mes. ds. How long in U.S. II of foreign birth? Jrs. mos. ds.  2. FULL NAME Cliga Settle V. Secretary (Userlands)  (a) Residence: No. / B Secretary (Userlands)  J. SEX  4. COLOR OR RACE  5. SIX MEDICAL CERTIFICATE OF DEATH  23. DATE OF DEATH  (Month)  (Day)  (Month)  (Month)  (Day)  (Month)  (Day)  (Month)  (Mon	Village or City Catousville	
2. FULL NAME Elizabeth V. Square (a) Residence: No. / 8 3 Structure of abodo)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  **COLOR OR RACE  OR BUYORCE (SUBJECT the buyord)  OR BUYORCE (Subject to b		
(2) Residence: No. / B Juillane of abode)  PERSONAL AND STATISTICAL PARTICULARS  1. SEX  4. COLOR OR RACE  OR DIVORCED (write the wyer)  5. Himeried, widowed, or divorced (or) Wife of Order of	61 , 1	
PERSONAL AND STATISTICAL PARTICULARS  J. SEX  4. COLOR OR RACE Colored S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (**mic the wyrd)  7. ACE Vers Months Days 1 Lists than 1 day. hrs. or min.  Trede, profession, or particular islind or who done as SPINNER, SAWIER, BOUNKEFER, etc.  9. Industry or business in which SAWIER, BOUNKEFER, etc.  10. Date George descend est worked et this occupation (month and year)  10. Date George descend est worked et this occupation (month and year)  11. Totel time (year) South of the state of the state state debays.  12. BIRTHPLACE (city or town) State or country)  13. NAME  PRESONAL AND STATISTICAL PARTICULARS  MEDICAL CERTIFICATE OF DEATH  ALL 193  12. DATE OF DEATH ALL 193  13. NAME  PROMORED  14. DATE OF DEATH  15. MARIED, Wildowed, or divorced 11. Totel time (year) Spont in this occupation.  Other Centy from Particular (State or country)  14. BIRTHPLACE (city or town) State or country)  15. MAIDEN NAME  PROMORED  16. DATE OF DEATH  ALL 193  17. INFORMANT  18. BURIAL CENTY 194  18. BURIAL CENTY 194  19. Date Of Main 195  19. What test confirmed diagnosis? Purpura Was there en eutopsy? Main 195  16. Date of monitory  17. INFORMANT  18. BURIAL CENTAL ONLY Town)  18. BURIAL CENTAL ONLY Town)  18. BURIAL CENTAL ONLY  195  18. BURIAL CENTAL ONLY  19. Date Of 26 of 3 of 195  Neme of operation.  19. Mainer of injury Neme of injury in eny wey releted to occupation of decedsed?  11. So, specify  12. Wes disease or injury in eny wey releted to occupation of decedsed?  13. O, specify  14. M. D. O. Specify  15. MAIDEN NAME  16. DATE OF DEATH  21. DATE OF DEATH  22. DATE OF DEATH  23. DATE OF DEATH  24. Wes disease or injury in eny wey releted to occupation of decedsed?  15. DATE OF DEATH  15. MAIDEN NAME  16. DATE OF DEATH  17. Neme  18. Date of DEATH  18. DATE OF DEATH  19	1/2 21 : + 1/2	St Ward
2. STATE OF DEATH ON DEATH (Month)  So. I'll merried, widowed, or divorced (or) wife of Or Divorced (or) or Divorced (or) wife of Or Divorced (or) wife of Or Divorced (or) or Divorced (	(Usual place of abode)	
Tenual Colored OR DIVORCED (which he word)  53. It married, widowed, or divorced HUSEAND (Month)  193 (eet)  22		
HUSBAND of (or) WIFF of Order	OR DIVORCED (write the word)	Get 22 1937
6. DATE OF BIRTH (month, day, and yeer) OCC. 12' 18 38  7. AGE Years Months Days If LESS than I day hrs. or min.  8. Trede, profession, or particular kind of work done, as SPINNER, SANYER, BOUNKERFR, etc.  9. Industry or business in which was done, as SIK MILL, where do in the securation of the date stated ebove, at 72' m.  10. Date a foaset were as follows:  10. Date december clerk worked et strike the country)  11. Total time (years) small is this occupation (month and year)  12. BIRTHPLACE (city or town) Baltimore Mal.  13. NAME Personal N. House M. Ho	HUSBAND of	22 A LOWEDERY CERTIFY That I attended decreased from
7. AGE Vears Months Days IT LESS than 1 day. hrs. of Lays. hrs. hrs. of Lays. hrs. hrs. of Lays. hrs. hrs. of Lays. hrs. hrs. hrs. hrs. hrs. hrs. hrs. hr	(or) WIFE of Sichard a	(1) 18 1937 to (1) et 22 1937
7. AGE Years Months Days II LESS than to heve occurred on the date stated above, at 950 m.  1. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows.  1. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows.  1. Industry or business in which with soccupation (month and year).  2. Industry or business in which with soccupation (month and year).  2. Industry or business in which with soccupation (month and year).  2. Industry or business in which with soccupation (month and year).  3. Industry or business in which with soccupation (month and year).  3. Industry or business in which with soccupation (month and year).  3. Industry or business in which with soccupation (month and year).  4. BIRTHPLACE (city or town).  4. State or country).  4. BIRTHPLACE (city or town).  5. Industry or business in which with soccupation (month and year).  5. Industry or business in which with soccupation (month and year).  6. State or country).  6. BIRTHPLACE (city or town).  6. BIRTHPLACE (city or town).  6. State or country).  7. INFORMANT.  7. Specify city or town, country and State).  8. BIRTHPLACE (city or town).  8. Date of month and year of injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  9. Industry or business in which were as tollows.  9. Industry or business in which were as tollows.  10. Date deceased lest worked at the state of the state	6. DATE OF BIRTH (month, day, and yeer) Rec. 12' 1878	I last saw h we elive on Octobr 22 , 1937; deeth is said
8. Trede, profession, or particular that of the profession of particular that of lower as follows:  8. Trede, profession, or particular that of lower as follows:  8. Anwer as follows:  9. Industry or business in which work was done; as SILK MILL,  9. Industry or business in which work was done; as SILK MILL,  10. Date decessed lest worked at the particular that occupation menth and year)  11. Totel time (years)  12. BIRTHALE (city or town)  (State or country)  13. NAME  14. BIRTHALE (city or town)  (State or country)  14. BIRTHALE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHALE (city or town)  (State or country)  17. INFORMANT  18. BURIAL (SERMATION, DR REMOVAL  (Address)  18. BURIAL (SERMATION, DR REMOVAL  Place  19. Whole and injury  19. Whole did injury occur?  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE  (Address)  19. Whole and occupation of decessed?  11. Totel time (years)  12. BIRTHALE (city or town)  13. BIRTHALE (city or town)  14. BIRTHALE (city or town)  15. MAIDEN NAME  16. BIRTHALE (city or town)  16. BIRTHALE (city or town)  17. INFORMANT  18. BURIAL (SERMATION, DR REMOVAL  19. Where did injury occur?  19. Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE  (Address)  19. Where of injury  19. Where of injury  24. West disease or injury in eny wey releted to occupation of decessed?  11. Totel time (years)  12. BIRTHALE (city or town)  13. BIRTHALE (city or town)  14. BIRTHALE (city or town)  15. MAIDEN  16. BIRTHALE (city or town)  16. BIRTHALE (city or town)  17. INFORMANT  18. BURIAL (SERMATION, DR REMOVAL  19. Where did injury occurr?  19. Where did inju	7. AGE Years Months Days II LESS than	
S. Trede, profession, or particular services of the service of the	0rmin.	ware as follows:
Solution of pusiness in which work was done as SILK MILL, SAW MILL, BANK, etc.   Saw Mill	8. Trede, profession, or particular kind of work done, es SPINNER,	
Other Contributory Causerof Importance:  12. BIRTHPLACE (city or town) (State or country)  13. NAME Perhaps N. House No. (Steet or country)  14. BIRTHPLACE (city or town) (Steet or country)  15. MAIDEN NAME May a. Galley  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT Dichard a. Johnson (Address)  18. BURIAL, CREMATION, OR REMOVAL Place  19. UNDERTAKER Ma Jeo. N. Holland (Address)  20. FILED  20. FILED  20. FILED  20. FILED  20. Signed)  21. Wes disease or Injury In eny wey releted to occupation of decessed?  (Address)  M. D.  Registrar.  (Address)  20. FILED  21. Signed)  22. Wes disease or Injury In eny wey releted to occupation of decessed?  (Contributory)  M. D.  Registrar.  (Address)  10. Johnson  11. Signed)  12. Wes disease or Injury In eny wey releted to occupation of decessed?  (Contributory)  M. D.  Registrar.  (Address)  10. Johnson  11. Signed)  12. Wes disease or Injury In eny wey releted to occupation of decessed?  (Contributory)  M. D.  Registrar.  (Address)  12. Johnson  22. Wes disease or Injury In eny wey releted to occupation of decessed?  (Contributory)  M. D.  Registrar.  (Address)  12. Johnson  13. Details  14. BIRTHPLACE (city or town)  What test confirmed diegnosis?  What test co	SAWYER, BUOKKEEPER, etc.	Obraval Januarhore /183
Other Contributory Causerof Importance:  12. BIRTHPLACE (city or town) (State or country)  13. NAME Perhaps N. House No. (Steet or country)  14. BIRTHPLACE (city or town) (Steet or country)  15. MAIDEN NAME May a. Galley  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT Dichard a. Johnson (Address)  18. BURIAL, CREMATION, OR REMOVAL Place  19. UNDERTAKER Ma Jeo. N. Holland (Address)  20. FILED  20. FILED  20. FILED  20. FILED  20. Signed)  21. Wes disease or Injury In eny wey releted to occupation of decessed?  (Address)  M. D.  Registrar.  (Address)  20. FILED  21. Signed)  22. Wes disease or Injury In eny wey releted to occupation of decessed?  (Contributory)  M. D.  Registrar.  (Address)  10. Johnson  11. Signed)  12. Wes disease or Injury In eny wey releted to occupation of decessed?  (Contributory)  M. D.  Registrar.  (Address)  10. Johnson  11. Signed)  12. Wes disease or Injury In eny wey releted to occupation of decessed?  (Contributory)  M. D.  Registrar.  (Address)  12. Johnson  22. Wes disease or Injury In eny wey releted to occupation of decessed?  (Contributory)  M. D.  Registrar.  (Address)  12. Johnson  13. Details  14. BIRTHPLACE (city or town)  What test confirmed diegnosis?  What test co	work was done, as SILK MILL, SAW MILL, BANK, etc	get Side main
12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (Stete or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL CREMATION OR REMOVAL  Place  19. Male and the state of injury  Date of .  (Address)  19. Male and the state of injury  Date of .  (Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  (Address)	- Into occupation (month and	
13. NAME     14. BIRTHPLACE (city or town)	12. BIRTHPLACE (city or town)	10 9
What test confirmed diegnosis? Of Washington Was there en eutopsy? Was there en eutopsy? Was there en eutopsy? Was there en eutopsy? Washington		Trutal Skinous
What test confirmed diegnosis? Of Washington Was there en eutopsy? Was there en eutopsy? Was there en eutopsy? Was there en eutopsy? Washington	13. NAME Bechmand N. House	
What test confirmed diegnosis? Of Washington Was there en eutopsy? Was there en eutopsy? Was there en eutopsy? Was there en eutopsy? Washington	14. BIRTHPLACE (city or town)	Neme of operation Dete of Dete of
Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address) 6 3 1 Results Results Results Results Resistant.  (Address) 6 3 1 Results Results Results Resistant.  Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Neture of injury  24. Wes disease or Injury In eny wey releted to occupation of deceased?  (Signed) Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address) 6 3 1 Results Resistant.  (Address) 6 3 1 Results Resistant.  (Signed) Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address) 6 3 1 Results Resistant.  (Address) 6 3 1 Results Resistant.  (Address) 6 3 1 Results Resistant.  (Address) 7 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	(Stete of country)	What test confirmed diegnosis? Olyphia Was there en eutopsy? 46
Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address) 6 3 1 Results Results Results Results Resistant.  (Address) 6 3 1 Results Results Results Resistant.  Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Neture of injury  24. Wes disease or Injury In eny wey releted to occupation of deceased?  (Signed) Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address) 6 3 1 Results Resistant.  (Address) 6 3 1 Results Resistant.  (Signed) Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address) 6 3 1 Results Resistant.  (Address) 6 3 1 Results Resistant.  (Address) 6 3 1 Results Resistant.  (Address) 7 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	15. MAIDEN NAME Mary a. Bardey	23. If deeth wes due to external causes (VIOLENCE) fill in also the following:
17. INFORMANT Declared Control (Specify city or town, county and State)  18. BURIAL, CREMATION, OR REMOVAL Place Control (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  19. UNDERTAKER Manual State (Address) 631 Result State (West disease or Injury In eny wey releted to occupation of deceased?  16. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  18. BURIAL, CREMATION, OR REMOVAL Place Control (Address) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  18. BURIAL, CREMATION, OR REMOVAL Place Control (Address) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  18. BURIAL, CREMATION, OR REMOVAL Place Control (Address) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  18. BURIAL, CREMATION, OR REMOVAL Place Control (Address) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  18. BURIAL, CREMATION, OR REMOVAL Place Control (Address) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  19. Washington (Address) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address) Specify whether inj	O 16. BIRTHPLACE (city or town)	
(Address) 6 8 Ikenters are  18. BURIAL, CREMATION, OR REMOVAL Place No. Current Date 6ct 26' 3?  19. UNDERTAKER Mas Stee, N. Noeland (Address) 6 31 Round Steel are -Boots, M. If so, specify (Signed) When the Company of the Company	B. 1 0000	(Specify city or town, county and State)
Place Not: General Date Oct 26 5, 19.  19. UNDERTAKER Mas Seo. N. Noeland  (Address) 6 31 Round Held Give - Boots. M  24. Wes disease or Injury In eny wey releted to occupation of deceased?  If so, specify  (Signed) Where W. Wright M. D.  Registrar.  (Address) 120 9 Mars Line Grant St.		Specify whether injury occurred in INDUSTRY, in HUME, or in PUBLIC PLACE.
19. UNDERTAKER Mes Geo. N. Nacland  (Address) 6 31 Revers / Keel ave - Boeto. M.  24. Wes disease or Injury In eny wey releted to occupation of deceased?  If so, specify  (Signed) William N. Wright M. D.  Registrar.  (Address) 120 9 Crows In Grant St.	18. BURIAL, CREMATION, OR REMOVAL 6+26.37	Manner of injury
(Address) 6 31 Revis Kill ave - Boots, M. If so, specify 20, FILED 193, 193, M. D. Registrar. (Address) 120 9 Press true for St.	Place Date Date 19	Nature of injury
20. FILED 193, 193, MILLER (Signed) William N. Wrught M. D. Registrar. (Address) 120 9 Priess true for St	19. UNDERTAKER Mis Geo. N. Kalland	24. Wes disease or Injury In eny wey releted to occupation of deceased?
20. FILED /23 , 1937 Properties (Address) /20 9 Orus Lin fre St	(Address) / 6 31 Revis / Kell ave - Boets. Md.	111.11.
		1206 2 6

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsu 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

ADDITIONAL.	SPACE FOR	RURTHER	STATEMENTS	RY	PHYSICIAN
ADDITIONAL	STACE FUR	PURTIER	SIMIEMENIS	DI	THISICIAN

A- te	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infor- state UPA-	1. PLACE OF DEATH	92:0)
m of hould	county Dafa: es	Registration Dist. No.
S .c	Village or City Thoenix	No
	1 //	death occurred in a hospital or institution, give its NAME instead of
Every CIANS ement	2. FULL NAME John Wesley Jon	
ND. Every YSICIANS statement	(a) Residence No. Thorner Sin &	St. Ward.
	(Usual place of abode)	If nonresident give city o
F-7 90 .	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF D
EX.	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Make  4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH
MANENT ACTLY assified.	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sussee Jones (Molan)	22. I HEREBY CERTIFY, That
ZX7	6. DATE OF BIRTH (month, day, end year) Sept 11 1865	I last saw h 1 1 2 alive on De 1 1 0
IS A PE stated E properly certificate	7. AGE Years Months Days If LESS than	to have occurred on the dete steted above, atm.
IS A I stated proper!	72. 1 0 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of import were as follows:
IIS I be so be p	8. Trade, profession, or particular kind of work done as SPINNER, SAWKER ROOKKEEPER atc	
H	SAWYER, BOOKKEEPER, etc	Valrular Endo con
VK_T should it may n back	work was done, es S1LK MILL, SAW MILL, BANK, etc	U ASSAUL DE L'ALLE CUN
) [4 6	11. Total time (years) this occupation (month and spant in this	
AGE that	year) occupation occupation	Other Contributory Causes of importance:
ADING d. AG s, so th	12. BIRTHPLACE (city or town)  (State or country)	600 -
UNFADING supplied. AGI n terms, so tha	W 13. NAME aaron Joves	Them alism
D = 4	14. BIRTHPLACE (city or town)	Name of operation
E -E 00	(State or country)	What test confirmed diagnosis? Clinical Wa
X, WITJ carefully IH in pla ortant.	15. MAIDEN NAME Olevice Lower  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in elso t
X, care 'H i		Accident, suicide, or homicide? Date of inj
INLY, W be carefu EATH in important	- (State of County)	Where did injury occur?(Specify city or town, cou
	17. INFORMANT Mus Gusse Tries (Address) Pleverley	Specify whether injury occurred in INDUSTRY, in HOME, or in
F-3 70	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Place Union Chapiel Date Date 17, 1937	Nature of injury
-WRITE mation s CAUSE TION is	19. UNDERTAKER Son	24. Was disease or injury in any way related to occupation of de
8	(Address) Jarre theville ma,	If so, specify
ż	20. FILED Oct . 18, 1937 anna Price	(Signed) Symmy C. C.
	Registrar.	" (Mudiess)

No. th occurred in a hospital or institution, give its NAME inste	St., Ward
ds. How long in U.S. if of foreign birth?	
St., Ward.	
	ity or town and State
MEDICAL CERTIFICATE OF	DEATH
I. DATE OF DEATH	//
Oe) (Month)	(Day) (Yeer)
HEREBY CERTIFY T	hat, I ettended deceesed from
HEREBY CERTIFY T	XIII 1937
last saw hand alive on Oct 10	, 19.3. 7; death is said
o have occurred on the dete steted above, at	m.
The PRINCIPAL CAUSE OF DEATH end related causes of i	
were as follows:	Date of onset
Valvular Endoc	
Valvular masc	andetris
,	1934
Other Contributory Causes of importance:	
Phematism	
Name of operation	Date of
Name of operation	Was there an autonou? DD
3. If death was due to external causes (VIOLENCE) fill in e	
Accident, suicide, or homicide? Date of	
Where did injury occur?(Specify city or town, Specify whether injury occurred in INDUSTRY, in HOME, o	. county and State)
Specify whether injury occurred in INDUSTRY, in HOME, o	or in PUBLIC PLACE.
Manner of injury	
Nature of injury	
4. Was disease or injury in any way related to occupation	of deceased?
(Signed) Valuer 6.	Duson MD
(Signed) Vilings & (Address) Williams	2-16 Day
(Audress)	
A IN. I Halles Siffeet, Daulmore, Requesting U. A. IVO. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	3
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	. 1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
- Comment of the state of the s			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
- V			

V. S. No. 1

STATE OF	F MARYI	AND-	CERTIFIC	ATE	OF	DEATH
JIMIL O	IAIVII I F	-AIV	CLIVIII		O!	PLAIL

101	10	paj	6 5	-3
1	1.7	1	1	3
.1			-	()

1. PLACE OF DEATH		(95-F)	
County Balto		Registration Dist. No.	44
Village or City Buck	wer	Nn	St Ward
1		f death occurred in a hospital or institution, give its NAME instead of	street and number)
Length of residence In city or town where death of	ccurredyrsmos	sds. How long in U.S. if of foreign birth?yrs.	ds.
2. FULL NAME PROMICES	Journ	-	
(a) Residence: No. Hoyale (	Carso Koa	XSt., Ward.	
	(Usual place of abode)	If nonresident give city of	
PERSONAL AND STATISTICAL		MEDICAL CERTIFICATE OF DI	EATH
	R DIVORCED (write the word)	21. DATE OF DEATH	- 7
0.	m	(Month) (Day)	()(ear)
5a. If married, widowed, or divorced	- 01	22. A HEREBY CERTIFY. That	l attended deceased from
(or) WIFE of Schly	ordon	July 1 137 10 Och	5- 1937
6. DATE OF BIRTH (month, day, and year)	W7-1886	Wast saw h le alive on Oel d	_, 19_ 37; death Is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, etm.	
5/ 5 0	Z 7   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of import were as follows:	
2 8. Trade, profession, or particular	0	A	Date of enset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	cusework	Cercbul Hemby	2 Del 3
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		8	
SAW MILL, BANK, etc	11. Total time (years)	-	
O' this occupation (month and year)	spent in this occupation		
		Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town)	ma .	Atth O	
13. NAME Samuel	to tipo	Ali Reune	
E	grance	Time	
14. BIRTHPLACE (city or town)	Znd	Name of operation	Date of
W 15. MAIDEN NAME TILLE	Johnson		s there an au opsy?
H	10	23. If death was due to external causes (VIOLENCE) fill In also th Accident, suicide, or homicide?	
16. BIRTHPLACE (city-of town)	ba	Where did injury occur?	iry, 19
Josephy. A	m. Nine	(Specify city or town, cour Specify whether injury occurred in INDUSTRY, in HOME, or in	ity and State)
17. INFORMANT (Address) Torri Clea CA	sk. Road	- Specify white many occurred in the both t, in Home, of the	ODEIG PERCE.
18. BURIAL, CREMATION, OR REMOVAL	mal o	Manner of Injury	
Place - Scyllens Da	te 900 0 , 153 7	Nature of injury	
19. UNDERTAKER Samuel H	- Thase In	24. Was disease or injury in any way related to occupation of de-	ceased? Ecd
(Address) 6587 Spl	mor D	If so, specify	
20 EUED (oct 6 1037 John)	9. Comelle	(Signed) Deman Ham	
20.11205	Registrar.	(Address) 207 n Caesle	in D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	3 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
V. 3	الـــا		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—

STATE OF MARYLAND—	CERTIFICATE OF DEATH	724
1. PLACE OF DEATH		1
County Bullimore	Registration Dist. No. 30	)
Village or City Oella, Mel	No. St., St., If death occurred in a hospital or institution, give its NAME instead of street and nu	Ward
	sds. How long in U. S. If of foreign birth?yrsmos.	
2. FULL NAME Margaret auce Kels	Laugh U. S. Veteran, specify WAR	74 77
(a) Residence: No. Allea, md. (Usual place of abode)	St., Ward.  If nonresident give city or town and S	tate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write tha word)  Willowed	21. DATE OF DEATH  Out. 27  (Month) (Day)	193. 7 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Courop Kelbungh.	22. I HEREBY CERTIFY, That i attended de	eceased from
6. DATE OF BIRTH (month, day, and year) Feb. 21. 1957	I last saw hes alive on let 27 1937;	death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated abova, at 7 P. m.	
80 8 6 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc.	Grein ma 2 Satista.	a-30
9. Industry or business in which work was dona, as SILK MILL,	- Lun 8	0
SAW MILL, BANK, atc	Brimary consinound of the intentines o Cever	Ø?,
year) occupation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) / Vallofield mid	Intesting a latination	Cet NTK
13. NAME Joshua upton		
14. BIRTHPLARE (city or town)	Name of operation	
(State or country) many land	What test confirmed diagnosis? Was there an au	topsy?
15. MAIDEN NAME Julia Burke	23. If death was due to external causes (VIDLENCE) fill in also the following:	
16. BIRTHPLACE (city of town)	Accident, suicide, or homicide? Data of injury	, 19
(Stata or country) many land	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT Mrs auch Willingham (Address) Della, mo	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE	E.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury	
Placa alla: nut Data act. 30,1937	Nature of injury	
19. UNDERTAKER TO Hig inhollory (Address) Ellifett Eith Sild	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED 729 , 19 Registrar.	(Signed) To Muller  (Address) Ellers at my	м. D
	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	i	Example II			
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	> For her hand of my	1915	Attack of epilepsy	1 week ago		
Chronic interstitial neg	phritis " "	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	NOV 2 100	July 5,1927	Perilonitis	3 days ago		
Other contributory	SURFALL V. C.	2	Other contributory causes of importance:			
Gallstones	and the second deposits and experience of the second secon	May 1,1923		1 year		
			Language and the second	1		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

-WRITE PLANKLY, WITH UNFABING IND. IND. IND. IND. IND. IND. IN A CTLY. PHYSICIANS should state mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state MLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-TION is very important. See instructions on back of certificate. N. B.-WRITE PL.

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(948)
County Balto	Registration Dist. No. 36
Village or City tuller ton	No Party Will & Tulles Tom Cen Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long In U.S. if of foreign birth?
2. FULL NAME Ida M. Kennard	If U. S. Veteran, specify WAR No Record
(a) Residence: No. Partly Hill - Rodge a	Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR PLYORCED (write the word)	21. DATE OF DEATH 17M
Travale White Willowed	(Month) (Dey) (Year)
5a. If married, widowed, or divorced  HUSDAND of  (or) WIFE of	22.   I HEREBY CERTIFY That I ettended deceased from
(or) WIFE of Sidney P. Remand	December , 19 36, 10 Och 17, , 193)
6. DATE OF BIRTH (month, day, and year) Vally 20 1867	I lest saw here elive on Oel. 1932; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to heve occurred on the date steted above, etcm.
/0 2 // ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	A A
9 Industry or husiness in which	Coronary montosis 1935
work was done, as SILK MILL, CCF Work & SAW MILL, BANK, etc.	
11. Total time (years) spent in this occupation (month and year)	
BeH	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)  (State or country)	Send to
13. NAME albert Raine	artennelini (3)
13. NAME CLUBENT Raine  14. BIRTHPLACE (city or town) Balth	Name of operation Date of
(State or country)	Whet test confirmed diagnosis? Clinical Wes there an autopsy?
15. MAIDEN NAME Minuie ( Unknow)	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Minarie (200 Karry)  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Sa Shanger (Address) Who I had a hide and	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Date Oct 19-,19-37	Neture of injury
19. UNDERTAKER WM Cook (Address) AM St Paul ST	24. Was disease or injury in any way releted to occupation of deceased?
20, FILED 10/17, 1937 G. W. Bocon	(Signed) S. A. Alexandra, M. D.
Registrar.	(Address) 621) Harfurd 1
1) more vianes are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact-statement of OCCUPA. ALY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-N. B.—WRITE PL.

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10120
County Bultimore.	(41-8) Red Box 14 registration Dist. No.
Village or City Mh arraws form.	No Sparrous Pt. Rd st W
(lif	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 9 yrsmos	17 . 1
2. FULL NAME / Veles a Roll dela	- State Replacify WAR
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX  4. COLOR OR RACE  Finale  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  Oct. 12., 193  (Month) (Day) (Year)
HUSBAND of (or) WIFE of James Kolodiea.	22. I HEREBY CERTIFY. That I attended deceased f
Man I and I was	1 19 19 37 to 00 1 1 19 3
AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10 m.
60 6 22 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trado, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Dastic Carcinoma. Jan
9. Industry or business in which work was done, es SILK MILL, flow house, SAW MILL, BANK, etc.	Gastric Jamourhage.
	and se con dary arleuna 9/2
this occupation (month and 14 + 37 spent in this occupation)	
BIRTHPLACE (city or town)	Other Contributory Causes of importence:
(State or country) Aus Frice.	
13. NAME Joseph. Makutsy.	
14. BIRTHPLACE (city or town)	Name of operation
15. MAIDEN NAME REAMA · ( www.)	What test confirmed diagnosis? ———————————————————————————————————
	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19
INFORMANT James Kolodies (50m)  (Address) Sharows B +.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
B. BURIAL, CREMATION, OF MEMOVAL Place Saul Poster Date Of 16, 1937	Manner of injury
O. UNDERTAKER Mail 166. Shall	24. Wes disease or injury in any way related to occupation of deceased? NO
Olat 13 , 1074 (All min M. Registrar.	(Signed) Chaus M. Collus M. (Address) Sparrows Saut Md

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	4	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis NOV 4 1301	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
\$2118	200		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			MILLS E. H.

1. PLACE OF DEATH		(82-0)	- M
County / Salts		(ex-3)	Registration Dist. No. 3/
Village or City Bandalls tone	(If		Road. St., Ward
Length of residence in city or town where death	occurred 8 / yrs 2 mos	28 ds. How long in U.S. if o	of foreign birth? yrs mos ds.
2. FULL NAME	A. G. Truht	Emann.	
(a) Residence: No. Gugsbur	& Nome	St., Ward.	
PERSONAL AND STATISTICA	(Usual place of abode)	MEDICAL C	If nonresident give city or town and State  ERTIFICATE OF DEATH
	SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	(2) 201
TEMPLE MINOR	OR DIVORCED (purite the word)	¥	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Williams	Kuh Penguana	22. DIA HEREBY	3) (00+ 2-1- 37
6. DATE OF BIRTH (month, day, and year) Trel	427 1850	I last saw h Lalive on	19 10 19 19 death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date state	
8/ 2	28   1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEAT were as follows:	TH and related causes of importence
8. Tradé, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc	INE	Cirebral	Haemorrhoge detis:
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc			
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spant in this occupation		
Balti		Other Contributory Causes of Imp	ortance:
12. BIRTHPLACE (city or town) / C) Lace / C (State or country)	Md.		
II 13. NAME ESMEST BU	ermane.		
14. BIRTHPLACE (city or town)		Name of operation	Date of
(State of country)	muny,	What test confirmed diagnosis?	Was there an autopsy?
15. MAIDEN NAME MAD TEST	own.	23. If death was due to external ca	uses (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	maries		Date of injury, 19
17. INFORMANT aug bung too	us Repord.	Where did injury occur? Specify whether injury occurred i	(Specify city or town, county and State) in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address)			^^
18. BURIAL CREMATION, OR REMOVAL	11-20th on	Manner of injury	
50 Poucho Violatowella	ate / 0 -, 19 J	Nature of injury	
19. UNDERTAKER Mrs Class U. (Address) 8.32 1 Ed 2	J. Ronde	24. Wes disease or infery in any v	way related to occupation of deceased?
20. FILED Pat 126 , 1939 Wm	8 martin	(Signed)	Hermeter M.D.
	Registrar.	(Address)	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, ctc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week wijo
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		l oct	1 8 /
Other contributory causes of importance:	35 4 4022	Other contributory causes of importance: 1937	
Gaustones	May 1,1923	Gastroenteritis	f 1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

2 Common Be

2002

. Hemmites

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infornation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state WRITE PLAINLY, WITH UNFADING IND. LILLY. PHYSICIANS should state mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10728
1/PLACE OF DEATH	(82-2)
County Ballemon	Registration Dist. No. 42
Village or City Halothorke	NoSt., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?mrsmosds.
000.	P
2. FULL NAME (Reline Storagea)	OCUDELS. Veteran specify WAR
(a) Residence: No. 319 Section (Usual place of Abode)	St, Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DLYORCED write the word)	21. DATE OF DEATH OF THE
Hemaly Totals Widowed	(Month) (Day) (Year)
5a. If married, widowed, or divorced  HUGBAND of	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of Chilbony of Course S.	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw her alive on 2 170 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 7.450 m.
69 6 16 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows
Z 8 Trade, profession, or particular	Date of one of the state of the
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.  9. Industry or brich work was done as SI K MILL	eff Hombleda /
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
SAW MILL, BANK, etc	Broncho Brownson 10/29
this occupation (month and spant in this year)	Termiol 11.
11-00: + La	Other Centributory Canses of Importanca;
12. BIRTHPLACE (city or town) (State or country)	Cortamos 17 fler antion 1
II 13. NAME 2 Carolin	feveral witaro essory?
14. BIRTHPLACE (city or town) Plane	Name of operation Data of Data of
(State of Country)	What test confirmed diagnosis? Laft phose for the grant there an autopsy?
15. MAIDEN NAME forman B. Storey	23. If death was due to external causes (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicida, or homicide? Data of injury 19
(State or country)	Where did injury occur?
17. INFORMANT Centhony La Course la	(Specify city or town, county and Stale) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 319 Delana ale, Halatholf 14	d,
18. BURIAL, CREMATION, OR REMOVAL NOW JOASON Place Odd 1115 Stage & Date Nac 3 1937	Manner of injury
Place - Ok & 1.1/. S. 180.0.9 Date 1/200. 3, 1997	Nature of injury
19 UNDERTAKER To la Supple Sate	24. Was disease or injury in any way related to occupation of deceased?
(Address) / 3 on Gustaver Place	If so, specify
20. FILED 2, 1937 Jen Registrar.	(Signed)
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	H	Example II	
The principal cause of death and related causes of importance were as follows:	Data of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RECEIVA			
Other contributory causes of importance: 1937		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
BURA AUV.	3. 1		

1/11	2322	
ucc	or.	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should sta N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of info Exact statement of OCCUP. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	10729
County Baltimoce.	Registration Dist. No. 442
Village or City Collay.	No. Clarke Blod . St., Ward
7	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmos,ds.
511.1.0	If U.S. Veteran specify WAR.
2. FULL NAME 6 ffic a melty ov.	
(a) Residence: No. Aglarke (Java place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH OCK 26
Temale while married	(Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of M. Deal Amelonwood	22. Sept 30 1937 to OCK 26 1937
6. DATE OF BIRTH (month, day, and year) tune 6. 1862.	I last saw he aliva on GCR 24 , 19 37; death is seid
7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at 8 - 4. m.
76. 4 26 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER,	were as follows:
SAWYER, BOOKKEEPER, etc	ATT
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	vasine eacyeur pe
10. Date deceased last worked at this occupation (month and spent in this	Cept fort.
yaar) occupation	Other Contributory Rayses of Importance:
12. BIRTHPLACE (city or town)	y wareas
(State or country)	Political Company
13. NAME Unknown:  14. BIRTHPLACE (city or town) - Anhance	Cleras Parates.
(State or country)	Name of operation Oete of
	What test confirmed diagnosis?
I WEST TO SEE	23. If death wes due to external causes (VIOL ENCE) fill in also the following:
Stata or country)	Accident, suicide, or homicide?
ul I m. flower	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
17. INFORMANT W. Q. M. Blog Relais md.	Geenly whether injury occurred in into sork i, in nome, or in public peace.
18. BURIAL, CREMATION, OR REMOVAL  LOSSEGUES COM Va. Date Q.J. 26, 1931	Manner of Injury
Character Holes	7
19. UNDERTAKER ON MOUSE (Address) 3 6/5-17 Chestral Certain	24. Was disease or injury in any way related to occupation of deceased?
(chat 2a of	(Signed) 6. 71. Mey a h
20. FILED Registrar.	(Address) 15 28. E - 3 320 St
U U Committee	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death-and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
BURE			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 B. ż OCCUPA-

Jo

plnods

STATE OF MARYLAND—	-CERTIFICATE OF DEATH
1. PLACE OF DEATH,	820
County allemore	Registration Dist. No. 33
Village or City Reis ters hours my	NoSt.,Wa
	If death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long In U.S. if of foreign birth?mos
2. FULL NAME George Jacob Lock stamp	If U. S. Veteran, specify WAR
(a) Residence: No. Reliation home, and. (Usual place of abode)	St.,Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Widowed	21. DATE OF DEATH and 25-66 (Month) (Oey) 1937
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of Maggain L. fuchstanhlor	22. HEREBY CERTIFY That Vattended refeased fr
6. DATE OF BIRTH (month, dey, end yeer) Sept. 8, 183-9.	I lest sew head elive on 25 th 1937; death is s
7. AGE Yeers Months Deys If LESS then	to have occurred on the dete steted above, atffMm.
78 1 17. 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of importence
8 Trade profession or particular	Oate of one
kind of work done, es SPINNER, I andner	Cessival Hemorray, Col
9. Industry or business in which work wes done, es SILK MILL, SAW MILL RANK etc.	
10. Oete deceesed last worked at this occupetion (month end 5 yr age spent in this occupation spent in this occupation	
12. BIRTHPLACE (city or town) Buttler	Other Contributary Couses of importence:
(Stete or country) md,	esterió Clessos
13. NAME Hange acob pochglampfor	
13. NAME Tonge acob dockglany for  14. BIRTHPLACE (citylor town) Frankford,	Name of operation Dete of
(State of country)	Whet test confirmed diagnosis? Was there en eutopsy?
15. MAIDEN NAME Elizabeth Frats	23. If death wes due to externel ceuses (VIOLENCE) fill In elso the following:
15. MAIDEN NAME Eling abeth Rivalt	Accident, suicide, or homicide? Dete of Injury
A O	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Mrs. Gus Brushly (Address) Reis terations, mif.	Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Farmer la Dete Oct 27, 1937	Menner of injury
19. UNDERTAKER Um: Berry may + Sons (Address) Reinters byly, me	24. Wes disease or injury In any way related to occupetion of decessed?
Q421 33 20 P	(Signed) 1. I rough Malley Zun M

10730

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1 NOV 3 1931			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			Literal II

V. S. No. 1 N. B.-

	infor-	state	UPA-
	Jo ma	plnou	000
	it	20	of
	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
_	RD	X	sta
	RECO	. PH	Exact
h	ZZ	LY	1
MAKGIN KESERVED FOR BINDING	IANE	ACT	ssiffe
Z	SRIV	×	cla
n	PI	I P	erly
FOF	IS A	state	prop
1	HIS	be	pe
EKVI	K-T	plnod	t may
ž.	Z	ES	at ii
Zi Zi	DING	AG	so the
35	[FA]	lied.	ms,
F	S	ddn	ter
	LH	ly s	lain
Å	WI	eful	in p
	X,	car	HJ
	N	pe	EA
	PLA	plno	F D
d.	E E	sho	0
7	RIT	tion	USI
4	M	mal	CA

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	10101
County Ballerina	Registration Dist. No. 37
Village or City Letos M.A.	No. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmosds.
	us.
2. FULL NAME form U. I offer	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (swrite the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, day, and year) Muksuow	
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2 12 m.
Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Date of onset
SAWYER, BOOKKEEPER, etc.	Chroniters do car detro: de- Od/2/
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	- notion; Unformer Quele Q 137
10. Date deceased lest worked et this occupation (month and year) occupation worked et spent in this occupation	
12. BIRTHPLACE (city or town) Ashsaud, Jud	Other Contributory Causes of importance:
13. NAME Aganera folting	Convavey Extension
I July out of the	Carpped dead unile
14. BIRTHPLACE (city or town) Selection (State or country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME of fauchardx	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Gastina Shote, Med. (State or country)	Accident, suicide, or homicide?
17. INFORMANT My Marie Cornell (Address) Lafternill Will	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Issues Cesu: Date Ott 5, 1937	Neture of Injury
19. UNDERTAKER John Burner Sous	24. Wes disease or injury In any way related to occupation of deceased?  If so, specify 1.2 Add Older One
20. FILED Oct 4 1, 193 / William & Salikorat Registrar.	(Signed) Wilsult Q: Onner M.D.  (Address) Cropary Sville Jud,

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "cmployee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	f onset
	ek ago
y street car 1 wee	ek ago
3 day	ys ago
tributory causes of importance:	
ritis 1 y	jear
	71 14
	tributory causes of importance:

B. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1

Village or City UDO WOOD SANATORIUM, TOWSON, MD, No.  Length of residence in city or town where death occurred 2 yrs. 3 mos. ds. How long in U.S. If of foreign birth? 4.5 yrs. mos. ds.  2. FULL NAME  (a) Residence: No. 3 100 Residence is abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEV  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)  FINANCE (or) WIFE of Journal Late of	SIAIL OF MARYLAND—	CERTIFICATE OF DEATH	732
Village of City DO WOOD SANATORIUM, 1UW SUN, MD.  Langth of residence in city of town where death occurred. 2. yrs. 3 mos. ds. How long in U.S. It of foreign birth? 4.5 yrs. mes. ds.  2. FULL NAME  (a) Residence: No. 3 1 0 Complete of shools  PERSONAL AND STATISTICAL PARTICULARS  3. 555  4. COURS OR RACE  (b) Cours place of shools  PERSONAL AND STATISTICAL PARTICULARS  3. 557  4. COURS OR RACE  (c) NOTED (which they word)  (d) Insuring videwed, redivered by word)  (e) Note of BIRTH (month, day, and year)  (a) A to of BIRTH (month, day, and year)  (b) Insuring videwed, redivered by word)  (c) Note of BIRTH (month, day, and year)  (d) Insuring videwed, redivered by word on the date stated above, at	In officer and	Paristration Diet No.	38
(If death occurred in a horpist for institution, give in NAME, instead of trees and number)  Langth of residence in city of town where death occurred in a horpist for institution, give in NAME, instead of trees and number)  4. Secondary of the control of the co	CANATORIA TILVENIA	AD Registration Dist. No.	Mord
(a) Residence: No. 3.1.0.0. Recidence abode  PERSONAL AND STATISTICAL PARTICULARS  3.5EV  4. COLOR OR RACE  S. SINGLE MARRIED, WIDOWED, ON DUYORCE (minit by word)  A. I'I married, widowed, profesored (or) wife of Julia Andrews (or) wife or Julia Andrews (or) wife of Julia Andrews (or) wife or Julia Andrews (or) wife	(If	death occurred in a hospital or institution, give its NAME instead of street and n	umber)
(a) Residence: No. 3. 1. 0. Augustation Particular Personal AND STATISTICAL PARTICULARS  S. EV. 4. COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED, or DIVOKED (write the word)  S. If married, widowed, privorced (or) Wife of Journal State  A. COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED, or DIVOKED (write the word)  S. If married, widowed, privorced (or) Wife of Journal State  On Journal State	Length of residence In city or town where death occurredyrs,3mos	ds. How long in U.S. if of foreign birth?	sds.
PERSONAL AND STATISTICAL PARTICULARS  3. SEY  4. COLOR OR RACE  5. SINCLE, MARRID, WIDOWED, Or DOWN TO COMPANY OF THE OF DEATH  4. COLOR OR RACE  5. SINCLE, MARRID, WIDOWED, Or DOWN TO COMPANY OF THE OF DEATH  4. COLOR OR RACE  5. SINCLE, MARRID, WIDOWED, Or STATISTICAL PARTICULARS  5. LI married, widowed, gradivorced for STATISTICAL PARTICULARS  6. DATE OF BIRTH (month, day, and year)  7. AGE  8. Trede, profession, or particular work days as SPINNER SAWYER, BOOKKEPER, etc.  8. AND AGE  8. AND AGE  8. Trede, profession, or particular work days as SPINNER SAWYER, BOOKKEPER, etc.  9. AND AGE  9. AND AGE  10. AND AGE  11. Total time (years)  12. BIRTHPLACE (city or town)  13. AND AGE  14. AND AGE  15. MAIOEN NAME  16. BIRTHPLACE (city or town)  17. INFORMANT  18. AND AGE  19. AND AGE	2. FULL NAME Ada Jola	If U.S. Veteran specify WAR.	
21. DATE OF DEATH of	(a) Residence: No. 3 9 0 0 Cess Manual Residence (a) Residence (a) Residence (b) Residence (b) Residence (c) Resid	Saltiment Me nonresident give city or town and	State
The PIRCHAL Cally or town)  (State or country)  12. BIRTHPLACE (city or town)  (State or country)  13. In MANE  14. BIRTHPLACE (city or town)  (State or country)  15. BIRTHPLACE (city or town)  (State or country)  16. BIRTHPLACE (city or town)  (State or country)  17. AMM CEN NAME  18. Trode, profession, or particular with second and secon	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
HEREBY CERTIFY, That Integred decessed from for yours and year)   Alle (a   Alle   A	The DIVORCED (write the word)	October 16	, 193 / (Yeer)
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days II LESS finan I day		22 / LUEDERV CERTIEV That Latterded	dosansad from
TABLE Years Months Oays II LESS man I day	(or) WIFE of Louis Late on Luvis Late	MM 17 1935 10 October	19.3.2
7. AGE Years Months Oays It LESS than I day	6 DATE OF BIRTH (month, day and year)	Mast saw has elive on Ost 1937.	; death is said
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BARK, etc.  10. Date deceased last worked at the secondary of the second	7. AGE Years Months / Oays I If LESS than		
8. Trede, profession, or particular and of work done, as SPINNER. SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at, this occupation and this occupation.  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  18. BURIAL, CREMATION, DR REMOVAL  Place  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  10. Date of country  10. Under Contributory Causes of importance:  11. Total time (years)  11. Total time (years)  11. Total time (years)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (AddressEudOwOod Sanatorium, Towson, Mainer of Injury  Nature of			Date of onset
Other Contributory Causes of importance:  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIOEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address Lud OWOOd Sanatorium, Towson, Mainer of injury  18. BURIAL, CREMATION, OR REMOVAL PHATE  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  10. Towson  10. Other Contributory Causes of importance:  10. Other Contributory Causes of importance:  11. Other Contributory Causes of importance:  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIOEN NAME  26. Date of What test confirmed diagnosis?  27. If death was due to external causes (VIOL ENCE) fill In also the following:  28. Accident, suicide, or homicide?  29. Date of injury  Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Neture of injury  Neture of injury  Neture of injury  19. UNDERTAKER (Address)  19. Other Contributory Causes of importance:  10. Other Contributory Causes of importance:  11. MAME  12. BIRTHPLACE (city or town)  What test confirmed diagnosis?  What test confirmed diagnosis?  Accident, suicide, or homicide?  Date of injury  Where did injury occurr?  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Neture of injury  Neture of injury  Neture of injury in eny way related to occupation of deceased?  If so, specify  (Signed)  TOWNSON  M. D	8. Trede, profession, or particular kind of work done as SPINNER.		
Other Contributory Causes of importance:  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIOEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address Lud OWOOd Sanatorium, Towson, Mainer of injury  18. BURIAL, CREMATION, OR REMOVAL PHATE  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  10. Towson  10. Other Contributory Causes of importance:  10. Other Contributory Causes of importance:  11. Other Contributory Causes of importance:  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIOEN NAME  26. Date of What test confirmed diagnosis?  27. If death was due to external causes (VIOL ENCE) fill In also the following:  28. Accident, suicide, or homicide?  29. Date of injury  Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Neture of injury  Neture of injury  Neture of injury  19. UNDERTAKER (Address)  19. Other Contributory Causes of importance:  10. Other Contributory Causes of importance:  11. MAME  12. BIRTHPLACE (city or town)  What test confirmed diagnosis?  What test confirmed diagnosis?  Accident, suicide, or homicide?  Date of injury  Where did injury occurr?  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Neture of injury  Neture of injury  Neture of injury in eny way related to occupation of deceased?  If so, specify  (Signed)  TOWNSON  M. D	SAWYER, BOOKKEEPER, etc.		Summer
Other Contributory Causes of importance:  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIOEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address Lud OWOOd Sanatorium, Towson, Mainer of injury  18. BURIAL, CREMATION, OR REMOVAL PHATE  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  10. Towson  10. Other Contributory Causes of importance:  10. Other Contributory Causes of importance:  11. Other Contributory Causes of importance:  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIOEN NAME  26. Date of What test confirmed diagnosis?  27. If death was due to external causes (VIOL ENCE) fill In also the following:  28. Accident, suicide, or homicide?  29. Date of injury  Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Neture of injury  Neture of injury  Neture of injury  19. UNDERTAKER (Address)  19. Other Contributory Causes of importance:  10. Other Contributory Causes of importance:  11. MAME  12. BIRTHPLACE (city or town)  What test confirmed diagnosis?  What test confirmed diagnosis?  Accident, suicide, or homicide?  Date of injury  Where did injury occurr?  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Neture of injury  Neture of injury  Neture of injury in eny way related to occupation of deceased?  If so, specify  (Signed)  TOWNSON  M. D	work was done, as SILK MILL, SAW MILL, BANK, etc.	Valence to be a latin	1/22
Other Contributory Causes of importance:  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIOEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address LUD OWOOD Sanatorium, Towson, Mainer of Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  18. BURIAL, CREMATION, OR REMOVAL PLACE  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  10. INFORMANT (Address)  11. INFORMANT (Address)  12. INFORMANT (Address)  13. INFORMANT (Address)  14. INFORMANT (Address)  15. INFORMANT (Address)  16. INFORMANT (Address)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL PLACE  19. INFORMANT (Address)  10. INFORMANT (Addre	11. Total time (years)	July and y and and and	(-1-2-2
12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIOEN NAME  16. BIRTHPLACE (city or town) (State or country)  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (AddressFudowood Sanatorium, Towson, Mainer of injury)  18. BURIAL, CREMATION, OR REMOVAL Place  19. UNDERTAKER (Address)  19. UNDERTAKER (Signed)  10. UNDERTAKER (Signed)  11. UNDERTAKER (Signed)  12. UNDERTAKER (Signed)  13. NAME  Value of operation  Oate of What test confirmed diagnosis?  What test confirmed diagnosis?  What test confirmed diagnosis?  Address (VIOLENCE) fill in also the following: Accident, suicide, or homicide?  23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?  24. Was disease or injury in eny way related to occupation of deceased?  15. OKANONICAL STANCES (Signed)  16. BIRTHPLACE (city or town)  26. ELECTOR  27. UNDERTAKER (Signed)  28. UNDERTAKER (Signed)  19. UNDERTAKER (Signed)	year) was 1934 occupation 339	Other Contributory Causes of importance:	
13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIOEN NAME  16. BIRTHPLACE (city or town) (State or country)  27. INFORMANT (Address SUDOWOOD SANATORIUM, TOWSON, MILE)  18. BURIAL, CREMATION, OR REMOVAL Place  19. UNDERTAKER (Address)  20. FILED  20. FILED  21. BIRTHPLACE (city or town) (State or country)  Name of operation What test confirmed diagnosis? ** What test confirmed diagnosis? ** What test confirmed diagnosis? **  What test confirmed diagnosis? **  What test confirmed diagnosis? **  What test confirmed diagnosis? **  What test confirmed diagnosis? **  What test confirmed diagnosis? **  What test confirmed diagnosis? **  What test confirmed diagnosis? **  What test confirmed diagnosis? **  What test confirmed diagnosis? **  What test confirmed diagnosis? **  Accident, suicide, or homicide?  Specify whether injury occur?  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  **  Name of operation  What test confirmed diagnosis? **  Accident, suicide, or homicide?  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  **  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  **  Name of operation  What test confirmed diagnosis? **  Accident, suicide, or homicide?  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  **  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  **  **  **  **  **  **  **  **  **			
What test confirmed diagnosis? A Was there an autopsy?  15. MAIOEN NAME  16. BIRTHPLACE (city or town) (State or country)  Personal History—Hospital Rocord  17. INFORMANT (AddressEudowood Sanatorium, Towson, Males of Control of Con			
What test confirmed diagnosis? A: Was tkere an autopsy?  15. MAIOEN NAME  16. BIRTHPLACE (city or town) (State or country)  Personal History—Hospital Rocord  17. INFORMANT (AddressEudowood Sanatorium, Towson, Male)  18. BURIAL, CREMATION, OR REMOVAL Ptace (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  10. FILED  10. IS MAIOEN NAME  What test confirmed diagnosis? A: Was diagnosis? A: Was diagnosis? What test confirmed diagnosis? A: Was diagnosis	= 13. NAME 7 Pyriau Disgue		
15. MAIOEN NAME  16. BIRTHPLACE (city or town) (State or country)  Personal History—Hospital Record 17. INFORMANT (Addressbudowood Sanatorium, Towson, Mo  18. BURIAL, CREMATION, OR REMOVAL Ptace  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  10. FILED  10. INFORMANT (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  24. Was disease or injury in eny way related to occupation of deceased?  If so, specify (Signed)  Towson, Mo  18. BURIAL, CREMATION, OR REMOVAL (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Signed)  Towson, Mo  10. Specify (Signed)  Towson, Mo  11. Informant (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Signed)  Towson, Mo  (Signed)  Towson, Mo  (Signed)  M. D.	14. BIRTHPLACE (city or town)	16 1000	:
(State or country)  Personal History—Hospital Record  17. INFORMANT  (Address Udowood Sanatorium, Towson, Mo  18. BURIAL, CREMATION, OR REMOVAL  Ptace  Date  Date  Date  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  (Address)  19. UNDERTAKER  (Address)  (Address)  19. UNDERTAKER  (Address)  (Address)			
State or country)  Personal History—Hospital Record  17. INFORMANT  (Address Udowood Sanatorium, Towson, Mo  18. BURIAL, CREMATION, OR REMOVAL  Ptace  Dete  Dete  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Add	I IS RIDTHDI ACE (situ or town)		
17. INFORMANT (AddressEudowood Sanatorium, Towson, Mo  18. BURIAL, CREMATION, OR REMOVAL Ptace Date Date 18. 32, 19 Nature of injury Nature of injury Nature of injury 19. UNDERTAKER (Address) 14.3 2 3 4 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	E (State or country)		
(Address Udowood Sanatorium, Towson, Mo.)  18. BURIAL, CREMATION, OR REMOVAL Ptace  Dete.	17 INFORMANT	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	e) ACE.
Ptace Four Dete 1918 37 ,19 Nature of injury  19. UNDERTAKER (Address) 143 9 STATE OF STATE O	(Address Eudowood Sanatorium, Towson, Mc	•	
19. UNDERTAKER  (Address)  (Addre	10/10/33	Manner of Injury	
(Address) 143 9 6 16 15 5 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Prace Date 19 19 19	Nature of injury	
Towson. Md.	The second of the second		
		Towson . Mo.	M. D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis NOV 3 1331	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
L BURGAL V. C	()		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
Comparison of the contract of			
	1		

V. S. No. 1

20. FILED 10-13

1	/ S	TATE O	F MAR	YLAND-	CERTIFICATE OF DEATH 10733
:	1. PLACE OF DEAT	ГН			948
	County Balt:	imore			Registration Dist. No. 30
1	Village or CityCt	atonsvil	lle		No. 3 N. Beechwood Ave. St., Ward
/	Length of residence in cit	y or town where do	eeth occurred 4	3 yrsmos	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long In U.S. if of foreign birth?yrsmosds
	2. FULL NAME	Dr. Walt	er A.L	ow,	If U. S. Veteran, specify WAR
	(a) Residence: No.	3 N.Beec	hwood . (Usual place	Ave.	St., Ward.  If nonresident give city or town and State
	PERSONAL AN	D STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
3.		r or race	5. SINGLE, MAR OR DIVORCE Singl	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH  (Month) (Day) (Year)
5a	. If married, widowed, or divo	rced			(Month) (Day) (Yeer)
	HUSBAND of (or) WIFE of	***			1 HEREBY CERTIFY, That I attended deceased from
				E: 1080	1937, to OCT 12 , 1937  I lest saw hair elive on Syl OCT (1 , 1937; death is sale
-	DATE OF BIRTH (month, dey AGE Years	, and yeer) Jar Months	Deys	If LESS than	to heve occurred on the dete stated above, at 12:30 Am.
	65	8	27	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
_	8. Trade, profession, or pa		61	ormin.	were as follows:
TION	kind of work done, SAWYER, BOOKKEE	S SPINNER, I	entist		Coronary (Monthosis)
PAI	9. Industry or business in	which			43
3	work was done, as S SAW MILL, BANK, e		1		
B	10. Date deceesed last wor this occupation (mor year)	ked et ithend OA TO	II. Total t	ime (years) nt in this upation _ 43 _ VI	
-				upation Tell YI	Other Contributory Causes of Importance:
12	BIRTHPLACE (city or town) (State or country)	Rolltimor	ae Md.		
ER	13. NAME Alexa	ander M.	Tow		
분					
FATH	14. BIRTHPLACE (city or too (State or country)	wn)New	York		Neme of operation Date of Date of
HER	15. MAIDEN NAME ST	ısanna H	Brown.		What test confirmed diagnosis Thy Min Y Charles Was there an autopsy?
H					23. If death was due to external ceuves (VIOLENCE) fill in also the following:   Accident, suicide, or homicide?
MOT	16. BIRTHPLACE (city or too (State or country)	Baltin	ore Md	•	Where did injury occur?
17	INFORMANT Mrs	Viola L. Beechwoo	Blackle	ock,	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18	BURIAL, CREMATION, OR R	EMOVAL	Date CT	14 1937	Menner of Injury
19	. UNDERTAKER 2700	Edmonds	on Ave		24. Was diseese or injury in eny way releted to occupation of deceased? 22
20	10 1-	937	lolen	dress	(Signed) Raher & Baylor M. D.

If more blanks are needed address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	1	Example II		
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis		1915	Attack of epilepsy	1 week ago	
Chronic interstitial neg	hritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	NUV 2 (63)	July 5,1927	Peritonitis ,	3 days ago	
	BURBAU V. S.				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
			-		

MARGIN RESERVED FOR BINDING

N. B.—WRITE PL.

V. S. No. 1

## STATE OF MARYLAND-CERTIFICATE OF DEATH

1	. PLACE OF DEATH	8270
	County Datterwore	Registration Dist. No. 31
1	Village or City Landalla town	NoSt,Ward
/		death occurred in a hospital or institution, give its NAME instead of street and number)
	58 7/1: 0	ds. How long in U.S. if of foreign birth?yrsmosds.
2	FULL NAME Dalle & Maun	If U. S. Veteran, specify WAR
A STREET	(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3.	4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DWORCED (invite the word)	21. DATE OF DEATH October 27, 193? (Month) (Day) (Year)
5a.	If married, widowed, or divorced HUSBAND of (or) WIFE of  A A A A A A A A A A A A A A A A A A A	22. I HEREBY CERTIFY, That I attended deceased from
6.	DATE OF BIRTH (month, day, end yeer) Sefet. 23 1852	1 last saw have alive on Qcd 27 , 1937; death is said
7.	AGE Yeers Months Days If LESS than	to have occurred on the date steted above, et
	85 / 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
OCCUBATION	8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Cerebraf hemorrhage
PAT	9. Industry or business in which work was done, as SILK MILL,	Garalinia of Throat +
0	SAW MILL, BANK, etc	inanilia )
0	10. Date deceased last worked at this occupation (month and spent in this	
	year) occupation	Other Contributory Causes of importance:
12.	BIRTHPLACE (city or town)	
~	(State or country)	
FATHER	13. NAME Milleam J. Durelle	
TAT	14. BIRTHPLACE (city or town)	Neme of operation
	(State or country) fugures	What test confirmed diagnosis? Was there en autopsy?
HE	15. MAIDEN NAME Marian M. Dedden	23. If death was due to external causes (VIOL ENCE) fill in also the following:
MOTHER	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
-	(State or country) Vergenea	Where did injury occur?(Specify city or town, county and State)
17.	INFORMANT Louise d. Mann (Address) Randallatown md.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.	Produptiernie Va. Date Oct 29, 1937	Menner of Injury
19	UNDERTAKER Charry New	24. Was disease or injury in any way related to occupation of deceased?
	(Address) Sycesville rud.	if so, specifically
20.	FILED Oct 28, 1937 Wm & martin Registrat.	(Signed) E. Magly M. D.  (Address Paudalle form Med

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

mple I		Example II	
and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis Chronic interstitial nephritis		Attack of epilepsy	1 week ago
		Run over by street ear	1 week ago
Cerebral hemorrhage		Peritonitis	3 days ago
		Other contributory causes of importance:	
P. U. E. L.	May 1,1923	Gastroenteritis	1 year
	mple I and related causes s: importance:	and related causes  Date of onset  1915  1921  July 5,1927  importance:  May 1,1928	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy  1921 Run over by street ear  July 5,1927 Peritonitis  Other contributory causes of importance:  May 1,1923 Gastroenteritis

PHYSICIANS should state

of OCCUPA-

Exact statement

-WRITE

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1	10	bay	9	p	
- 6	10.7	1	1	1	١
_8	V	8	U	I	1

1. PLACE O	F DEATH			162)	,
County		ltimore		Registration Dist. No. 12 4/	
	Cityidence in city or town w	Dundalk here death occurred		No. Wise Avenue St.,  death occurred in a hospital or institution, give its NAME instead of street and number  ds. How long In U.S. if of foreign birth? yrs. mos.	
2. FULL NA	ме ве	tty Mason		If U. S. Veteran, specify WAR	
		ise Avenu	е	St., Ward.  If nonresident give city or town and State	
PERSON	NAL AND STAT	ISTICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Female	4. COLOR OR RACE	OR DIVORCE	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH October 3rd ,193 (Month) (Day)	7 (ear)
5a. If married, widov HUSBAND of (or) WIFE of		.owed		22.   HEREBY CERTIFY, That   attended decease	
6. DATE OF BIRTH	(month, day, and year)	unknow		I last saw h alive on; deat	
	ars Monti		If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	ofonse
8. Industry or	ession, or particular work done, as SPINNEI t, BDDKKEEPER, etc business in which as done, as SILK MILL,	None			
£1113 0000	LL, BANK, etcsed last worked at upation (month and	11. Total	time (years) ent in this cupation	"Senility"	
12. BIRTHPLACE (c (State or cou	ity or town)	cklenburg Virgi		Dther Contributory Causes of importance:	
13. NAME	Sam Fo	ster			
		lacklenbur Virgin	g County	Name of operation Date of Was there an autops:	
15. MAIDEN NA	AME NO	t known		23. If death was due to external causes (VIDL ENCE) fill in also the following:	
	r country)			Accident, suicide, or homicide?	19
17. INFDRMANT (Address)	Wise Ave	Ann Robi	nson k, Md	Specily whether injury occurred in INDUSTRY, in HOME, or in Public PLACE.	
Place Place	+ Calven	o Maria	-5U 37	Manner of injury	
19. UNDERTAKER	Elroy 1000 Br	O. Wilson antlet Av		24. Was disease or injury In any way related to occupation of deceased?  If so, specify (Signed) 13. Grans, J.P. Asting Co.	LONI
20. FILED	1-7019	A	Registrar.	(Address) Dundalk, Ind.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

Evample I

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Evample II

Example 1		Example 11		
The principal cause of death and related of importance were as follows:	13	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis R	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V				
Other contributory chuses of importance:	and the second s	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

TION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

1	13	200	9	60
1	0	6	J	1)

1. PLACE O	D 71:			Registration Dist. No. 30	
Village or (	City Catonsvill		and (li	No. Spring Grove State Hosp. St.,  f death occurred in a horpital or institution, give its NAME instead of street and not also be street and not also be street.  29 ds. How long In U.S. If of foreign birth? 57 yrs.? most	Ward wmber)
2. FULL NA	ME Frank A. M	lason		If U. S. Veteran, specify WAR	
(a) Resider	nce: No. 1743 Cli imore, Marylar	ftview A	venue of abode)	St., Ward.  If nonresident give city or town and S	State
	NAL AND STATIST			MEDICAL CERTIFICATE OF DEATH	
s. sex male	4. COLOR OR RACE white	5. SINGLE, MAI OR DIVORCE Wido	RRIED, WIDOWED, ED (write the word) We r	21. DATE OF DEATH October 22	193_7 (Year)
5a. If married, widov HUSBAND of (or) WIFE of	wed, or divorced Unknown			22. I HEREBY CERTIFY, That I attended d July 23	
6. DATE OF BIRTH	(month, day, end year)	ctober 1	3, 1871	Hast sew h im alive on October 22 ,1937	
7. AGE Yes 66	ers Months	0 ays	If LESS than 1 day,hrs. ormin.	to heve occurred on the date stated above, at 4:10.2 am. •  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Oate of onset
SAWYER	ession, or particuler work done, as SPINNER, R, BOOKKEEPER, etc business in which ss done, as SILK MILL, LL, BANK, etc	Seaman Shippin	g	General Paresis be	C.1936
year)	sed last worked at upation (month end?1-925ity or town)Genos	Sp	time (years) ant in this supation 45 yrs	Other Contributory Causes of importance:	
(State or cou				Toxic Absorption from decubitus ulcer Oc-	t.1937
14. BIRTHPLAC	E (city or town)Ger	oa, Ital	y	Name of operation	
15. MAIDEN NA	AME Caterina	Morando		23. If death was due to externel causes (VIDLENCE) fill in also the following:	
15. MAIDEN NAME Caterina Morando  16. BIRTHPLACE (city or town) Genoa; Italy  (Stete or country)			у	Accident, sulcide, or homicide? Date of injury  Where did injury occur? (Specify city or town, county and State	:)
17. INFORMANT (Address)	Mrs. Daniel M		_ Baltimore	Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLA	ICE.
18. BURIAL, CREMA	Jattinor	Date 1	25 ,1937	Manner of injury	
19. UNOERTAKER (Address)	1217 45	Pan	est	24. Wes disease or injury in any way related to occupation of deceased?	no
20. FILEO 19/9	3 ,19	An	Registrar.	(Address) Catourville	M. D.

If more blanks are noticed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis C	3 days ago
		26 1937	(2) (1) (1) (2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		~	

PHYSICIANS should state Exact statement of OCCUPA-WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every stated EXACTLY. be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. N. B.-WRITE PLAINLY,

V. S. No. 1

item of infor-

STATE OF MARYLAND	CERTIFICATE OF DEATH 10737
1. PLACE OF DEATH	(178)
County Dullimine	Registration Dist. No.
Village or City 1 aspelving	No. 70 3 Clean Hard St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death courredyrsmo	osds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Terdinand & Miller	
(a) Residence: No. 103 (USual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 22 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Make A Mullier	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month (day, and year) Rug 2 9 1892	Hast saw h alive on Frank Seas 19 death is said
7. AGE Years   Months   Days   If LESS than	to have occurred on the date stated above, at 7.2. m.
45 / 23   1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Machanist SAWYER, BDDKKEEPER, etc.	Cophylia
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	And the first
D. Date deceased last worked at this occupation (month and	Alumanghing Das
year) occupation occupation	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) State or country)	<u></u>
13. NAME Cantrose miller.	
13. NAME Contract Policy  14. BIRTHPLACE (city or town)  (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME Regency Hergenroeder	23. tf death was due to external causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME Regence Sengerocder  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Accidents Date of injury 10/22, 19.3. 7.  Where did injury occur? 20.3. Old Hand Ad
17. INFORMANT Many a Miller.  (Address) 1202 Old Hay &	(Specify city or town, coudty and State) Specify whether injury occurred in INDUSTRY, in HDME, er in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Holy Sedelines Oate Cel 26 , 19-3	Manner of injury
19. UNDERTAKER John a Mosen (Address) 3 m E B Solte St	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Quel 25, 1937 8-9-2115 Registrar.	(Signed) Surtuin 4. Isak M. D. (Address) 6801 Belain of BA

OF MADVI AND

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	100 I
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 1951	July 5,1927	Peritonitis	3 days ago
11 1100			
/ March!			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

# -WRITE PLAINLY, WITH UNFADING IND-TILE ACTLY. PHYSICIANS should state mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-FOR BINDING MARGIN RESERVED N. B.—WRITE PLAINLY,

STATE OF MARYLAND—CERTIFICATE O	ント	DEATE
---------------------------------	----	-------

	PLACE OF DEATH		(59)		1.1
	County Calls	***************************************		Registration Dist. No.	-4
/	Village or City Col Ast	e.	140.	stername st.	Ward
	Length of residence in city or town where dea			otion, give its NAME instead of street an of foreign birth?yrs	
	7	/ 60001100	la and the total and the control of	or roteign bittii:yt5	niosu
2.	. FULL NAME / Paris	er, moss	ea		
	(a) Residence: No. 2 8	(Usual place of abode)	St., Ward.	If nonresident give city or town a	_J C
	PERSONAL AND STATISTIC		MEDICAL C	ERTIFICATE OF DEATH	nd State
3. S	4. COLOR OR RACE 5	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	Pet 28	100 7
- I	sessale while	married	-	(Month) (Day)	(Year)
)a. (	If married, widowed, or divorced HUSBAND of (or) WIFE of M. C. Men	Smodsett	22. Och 27	Y CERTIFY, That I attended	d deceased fro
n	DATE OF BIRTH (month, day, and year)	une 24, 1857	I last saw h. L. alive on	mes 24. 5	2 : death is sa
_	AGE Years Months	Days If LESS than	to have occurred on the date state	ed above, at 27 Pm.	
	81 4	1 day,hrs.	The PRINCIPAL CAUSE OF DEA	TH and related causes of Importance	,
	8. Trade, profession, or particular kind of work done, as SPINNER,	( 01	were as rollows.		Date of ons
5	SAWYER, BUUKKEEPER, etc.		a		
*	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Louis	Marae	y Ministris	10/27
2000	Date deceased last worked at this occupation (month and year)	11. Total time (years) spant in this occupation			
2	DIDTUDE A CP (situ or town)		Other Contributory Canses of Imp	ortance:	
۷.	State or country)	allemon	14-1-1-		
2	13. NAME Caker of	Terilyer-	- Vanche	حـــــــــــــــــــــــــــــــــــــ	192
MINER	14. BIRTHPLACE (city or town)		Name of operation	Date of	
	(State or country)	uanu	What test confirmed diagnosis?	11.	n autoney?
-	15. MAIDEN NAME Elizabett	Xettinas.		uses (VIOLENCE) fill in also the follow	
	16. BIRTHPLACE (city or town)			Date of injury	
	(State or country)	ermann	Where did injury occur?		,
17. 1	INFORMANT Sur Lettain (Address) 7803 East	Dejon		(Specify city or town, county and S n INDUSTRY, In HOME, or in PUBLIC I	tale) PLACE.
8. I	BURIAL, CREMATION, DR REMOVAL		Manner of injury		
	Place Cak Laur Cen	Date Oct 31,1937	Nature of injury		
9, 1	UNDERTAKER John	Celerióh		vay related to occupation of deceased?	~
	(Address) 2008 fig.	after on	If so, specify	/ /	}
20. 1	FILED 10/29, 1937/01/4	D-ONULLY Regisper	(Signed)	20 E 85	M.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "cmployee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	to the second
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURGAU W. C.	The state of the s		
Other contributory causes of importance:	The state of	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

OCCUPA. 1. PLACE OF DEATH Registration Dist. No. Village or City Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. if of foreign birth? If U. S. Veteran, specify WAR (a) Residence: No. Ward. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3\_SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR BIVORCED (write the word) (Month) (Day) 5a. If married, widowed, or divorced HUSBAND of ERTIFY. That I attended deceased from (or) WIFE of 2200 6. DATE OF BIRTH (month, day, and year) 7. AGE Montbs Days If LESS than 1 day, ---- hrs. The PRINCIPAL CAUSE OF DEATH and releted causes of Importance or\_\_\_\_min. Date of onset 8. Trede, profession, or perticular PATION kind of work done, as SPINNER Touse SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Date deceased last worked at 11. Total time (years) this occupetion (month and spent in this occupation \_\_\_\_ 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14, BIRTHPLACE (city or town) Name of operation. (State or country) What test confirmed diagnosis MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_\_ Date of Injury\_\_\_\_\_\_ 19-16. BIRTHPLACE (city or town) (State or country) Where did injury occur?\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT .Q (Address) 18. BURIAL CREMATION, OF REMEVA Manner of injury Date // Neture of injury 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER If so, specify gistrar. (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURK			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

0		ONAL SPAC	CE FOR FU	RTHEF	STATEM	IENTS B	Y PHYS	ICIAN				
V w	as abse	il pu	m 12	n	mas	Lice	Oxt	- 4	10 2	2.	6437	
This	patient	wood	seen	1-66	DY	CP	Koes	Thing	de	1110	eur.	
abol	use are	Au	rues	owh	. X0	me	fres	hie		m 6	012/2	03.
							(				1 - 1	//
					-				1			

1. PLACE OF DEATH.	RESTRICATE OF DEATH 107	739
County Back	Registration Dist. No. 30	
Village or City Catous ville	No. Of It It was St., f death occurred in a happital oxinstitution, give its NAME instead of street and nu	Ward
	sds. How long in U.S. if of foreign birth?yrsmos	
2. FULL NAME Trayings M Obby	me	
(a) Residence: No. Jakes William (Usual place of abode)	Mard.  If nonresident give city or town and S	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
4. COLDR OR RACE  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Och (Month) (Day)	193.7 (Kear)
5a. If married, widowed, or-divorced HUSBAND of (or) WIFE of Many Costonia	22. I HEREBY CERTIFY, That I attended do	eceased from
6. DATE OF BIRTH (month, day, and year Make 25 1852	1 last saw h alive on Oct 12 19 37	death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at	
53 6 19 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER.		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Cerebral Hemonhage	10 min
work was done, as SILK MILL, SAW MILL, BANK, etc.	0	
10. Date deceased last worked at this occupation (month and yoar)  11. Total time (years) spen (in this occupation		
12. BIRTHPLACE (city or town) Muchael	Other Contributory Causes of importance:	
(State or country)	a land colon and about	7.00
E stater. Hm 14. Calone	(1)	CANA S
14. BIRTHPLACE (city or town)	Nama of operation	
(State or country)	What test confirmed diagnosis? Clusical Was there an au	opsy? Que
15. MAIDEN NIME any young Cox 2	23. If death was dua to external causes (VIOL ENCE) fill in also the following:	
15. MAIDEN NAME OF GOVERN	Accidant, suicide, or homicide? Data of injury	, 19
State of country)	Where did injury occur? (Specify city or town, county and State)	)
17. INFORMATION AND AND COMMENTAL COMMENTAL COMMENTS	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLAC	CE.
18. BURTAD CREMA LOST, OR BEMOVAL	Manner of injury	
most Offitet ( enous 10/16,193)	Nature of injury	
19. UNDERTAKE June a Study	24. Was disease or injury in any way related to occupation of deceased?	<b>w</b>
20. FILED Oct 14, 1937 marsfall B west	(Signed) Marshall B West  (Address) Catonnelle Ma	D M. D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	1

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deccased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	TO MO!	
	Other contributory causes of inpertance:	
May 1,1923	Gastroenteritis Unit	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  1915  Attack of epilepsy  1921  Run over by street car  July 5, 1927  Peritonitis  Other contributory causes of death and related causes of importance:

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 10740
1. PLACE OF DEATH	159
County O author	Registration Dist. No.
Village or City Alknow, The	No. St., Ward
	If death occurred in a horpital or institution, give its NAME instead of street and number)  s. / .ds. How long in U.S. if of foreign birth?
2. FULL NAME Bale Bon Raileo	V3
1.14	.0
(a) Residence: No. (Heual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male While OR DIVERCED ("wire the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22.   HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) P. \$11, 19.37	Max 11
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et //:m.
1 day,_8hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
O Trade profession or postingly	were as follows:
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	Prematurity - 6/2 months
Notes to the state of the state	Bre-Ecglanyana
SAW MILL, BANK, etc	
10. Dato deceased last worked at this occupation (month and year) occupation	
Man De l	Other Contribatory Causes of Importance:
12. BIRTHPLACE (city or town)	
The day of	
(State or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
110,,,,,,	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city er town) (Stete or country)	Accident, suicide, or homicide?
Mather.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
7. INFORMANT (Address)	Transfer of the Indiana, in the Indiana, of the Oblic Flace.
18. BURIAL, CREMATION, OR REMOVALY A CHILLY	Manner of Injury
Place June Church W Date 10/12, 193	Neture of injury
19. UNDERTAKER Love	24. Was disease or injury In any way related to occupation of deceased?
(Address)	If so, specify
20. FILED / 8 /12 1937 66 MID has	(Signed) ames G. Malle M. D.
Registrar.	(Address) / Sheerille mix.
If more blanks are needed, address State Registrar,	2421 N. Charles Street, Ballimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must statc:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	

OCCUPA 1. PLACE OF DEATH item of pluods Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town where death occurred CORD. (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) PERMANENT BINDING 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Months Days If LESS than 1 day,\_\_\_\_hrs or .... min. 8. Trade, profession, or particular OCCUPATION RESERVED kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc .... back may 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.... 10. Date deceased last worked at 11. Total time (veers) this occupation (month end spent In this occupation\_ instructions 12. BIRTHPLACE (city or town) (State or country) FATHI 14. BIRTHPLACE (city or town) (State or country) MOTHER important. DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? .... be pluods OF Manner of injury CAUSE LION Nature of injury. 19. UNDERTAKER (Address) If so, specify Registrar.

Registration Dist. No.

How long in U.S. if of foreign birth? \_\_\_\_\_\_\_mos.\_\_\_\_\_ds.

If nonresident give city or town and State

MEDICAL CERTIFICATE OF DEATH

CERTIFY Thet I attended deceased from

to have occurred on the date stated above, at / 2\_\_

The PRINCIPAL CAUSE OF DEATH and related causes of importance

Date of onset

Whet test confirmed diagnosis?\_\_\_\_\_ Was there an autopsy?\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?\_\_\_\_\_\_ Date of injury\_\_\_\_\_\_\_19.

(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

24. Was disease or injury in any way related to occupation of deceased?

eded, addres State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Harris Ha					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA
ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BA	PHYSICIA

FOR BINDING

V. S. No. 1

ż

# STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	1979
County Baltimore	Registration Dist. No. 33
Village or City Owings mills, md	NoSt.,Ward
Length of residence in city or town where death occurredyrs,9mo	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME MAS Lel, A Gen and	. 0 >
0.126	If U. S. Veteran, specify WAR
(a) Residence: No. 3 4 3 5 John Marie (Ysual place of abode)	Williamore Med If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)  Manual	21. DATE OF DEATH 9 193 7 (Month) (Dev) (Yeer)
5a. If merried, widowed, or divorced HUSBAND of	22.   HEREBY CERTIFY. That I attended deceased from
(or) WIFE of Exmest Harly Pearrell	June 4 19 32 to Dex 9 19 37
6. DATE OF BIRTH (month, day, end yeer) april 3 1867	Wast sew h elive on October 8 19 37; death is said
7. AGE Years   Months   Deys   If LESS then	to heve occurred on the dete steted above, et. 9.45 m.
77 6 6 1 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importence were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.  9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.  10. Data deceesed last worked at this occupation (month end	agterioyclerosis
work wes done, es SILK MILL, SAW MILL, BANK, etc.	Lanua
yeer) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) [3 altimate (Stete or country)	Drancho Ineumonen 10/7/3
	-
Ξ }	Name of operation Date of
[State or country]  14. BIRTHPLACE (city or town)  (State or country)  Mapyland	What test confirmed diegnosis? Clinical Westhere an eutopsy?
15. MAIDEN NAME amanda meling Sher	23. If deeth was due to externel causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME amandas Melinia Sher  16. BIRTHPLACE (city or town) New Maybub	Accident, suicide, or homicide?
X (State or country) maryland	Where did Injury occur?(Specify city or town, county and State)
17. INFORMANT Cornest Pearlell (Address) Washington DC	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Place all santa any Date Oct, 10, 1937	Nature of Injury
19. UNDERTAKER UM Blogman + Suno	24. Was disease or injury in any way related to occupetion of deceased?
(Address) Keis ters tony, mg.	If so, specify
20. FILED. Oct 10, 19 3 7 Is Sunt acce	(Signed) M. D.
Registrar.	(Address) Italianaloum, Mil

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	[]	Example II		
The principal cause of importance were as	f death and related eauses s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis		1915	Attack of epilepsy	1 week ago	
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	NOV 9 1937	July 5,1927	Peritonitis	3 days ago	
Other contributory ea	uses of importance:	7]	Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
		1			

STATE OF MARYLAND-CERTIFICATE OF DEATH OCCUPA-1. PLACE OF DEATH County Baltimone Registration Dist. No. No. 500 Mundock Rd. Anneske Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where deeth occurred... \_\_\_ds. How long in U.S. if of foreign birth? 8.5 vrs. mos ds PHYSICIAN If U. S. Veteran, specify WAR. (a) Residence: No. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH, OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of HEREBY CERTIFY. That I attended deceased from Francimo Pisans (or) WIFE of 1977 to Ock 6. DATE OF BIRTH (month, day, and year) 7. AGE Months Devs If LESS than to have occurred on the dete stated above, at 3. P. m. 1 day ....hrs. The PRINCIPAL CAUSE OF DEATH and releted causes of importance or .... min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. PATION may 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 1D. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation ... (State or country) FATHER 13 NAME 14. BIRTHPLACE (city or town). Name of operation\_ (State or country) What test confirmed diagnosis? MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_ Date of Injury\_\_\_\_\_\_ 19\_\_\_\_ OF DEATH 16. BIRTHPLACE (city or town). (State or country) Where did injury occur?\_\_\_\_ (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. 17. INFORMANT plnods (Address) 18. BURIAL, CREMATION, DR REMOVAL Manner of injury LION Nature of injury. 24. Was disease or Injury In any way related to occupation of deceased? If so, specify Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

RESERVED

**IARGIN** 

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Authorization to change name of deceased: letter filed under Abbott 8/19/38 MDT Authorization to make other changes: letter filed under Vicari. 8/23/38 MDT

10/16

20. FILED.

MARGIN RESERVED FOR BINDING

HEALTH DEPARTMEN	I-GHT OF BALTIMORE
CERTIFICAT	TE OF DEATH (330)
1. PLACE OF DEATH	Registered No. #38
P- 14:	(If death occurred i
CITY OF BALTIMORE: (No. # 207 / ach or	St.,Ward)  a hospital or institution give its NAME instea
Length of residence in city or town where death occurredyrsyrs	of street and number.)  .mosds. How long in U. S. If of foreign birth?yrsmos,ds.
0-1/. A R	lf U.S. Veteran
2. FULL NAME	
(a) Residence: No. 20 / Washington (1)	vie St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	(If non-resident give city or town and State)
	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write, the word)	21. DATE OF DEATH (month, day, year)
The Midon	22. I HEREBY CERTIFY, That I attended deceased from
5a. If married, widowed or divorced HUSBAND of	I last saw h.A. alive on OS 15. / 19.37 Death is sai
(or) WIFE of John & leepl	I last saw make. alive on
6. DATE OF BIRTH (month, day, year) 11-7-1846	to have occurred on the date stated above, at
7. AGE Years Months Days If LESS than 1 day,hrs.	importance were as follows:  Date of ons
90 11 9 1 day,	
8. Trade, profession, or particular kind of work done, as spinner,	Country Country
kind of work done, as spinner, sawyer, bookkeeper, etc.	
work was done, as silk mill, saw mill, bank, etc	Other contributory causes of importance:
10. Date deceased last worked at this occupation (month and spent in this	Osthua ?
year)	ateris relevoses?
12. BIRTHPLACE (city or town)	Was an operation performed? Date of
(State or country)	For what disease or injury?
13. NAME James Capult	Name of operation.
13. NAME James Callel J	What test confirmed diagnosis?Was there an nutopsy?
(State or country)	23. If death was due to external causes (violence) fill in also the fo
15. MAIDEN NAME (city or town) (State or country)	iowing: Accident, suicide, or homicide?Date of injury, 19
6 16. BIRTHPLACE (city or town)	Where did injury occur?
(State or country)	(Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in publ
17. INFORMANT Relly Coskew.	place
(Address) 207 Washington an	Manner of injury
18 BURIAL, CREMATION, OR REMOVAL	TOUR MINE HOSTOCKETONS OF THE SECTION OF THE SECTIO
Hampy anely Date 10/10/40	Nature of injury.
19. UNDERTAKER June 1990 week	24. Was disease or injury in any way related to occupation of deceased
(Address) FROCIA GAN A RIS.	If so, specify

Bacon Registrar. (Signed)...

(Address)//c

M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business avoid the use of such general terms as "store," "factory," "mill," etc. State the

particular kind of store, factory, mill, etc., as groccry store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries.

Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	d Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1, 1923	Gastroenteritis	1 year	

STATE	OF	MARYLAND-CERTIFICATE	OF	DEATH	10744
CATCLE					

	1. PLACE OF DEATH				
	County Balt	imore			Registration Dist. No. 34
	Village or City Cato	nsvil	le	<i>(</i> 1)	No. 2 Holmhurst AVO. St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
	Langth of residence in city or	town where	deeth occurrad_2		is death occurred in a notpital of institution, give its IVAIVE, instead of street and number)  isds. How long in U.S. if of foreign birth?yrsmosds.
	2. FULL NAME Hele				H. U.S. Yeteran specify WAR
	(a) Residence: No.2 H	olmhu	rst Ave	•	St., Ward.  If nonresident give city or town and State
cana	PERSONAL AND	STATIST			MEDICAL CERTIFICATE OF DEATH
	sex 4. color of Whit	R RACE	5. SINGLE, MAR	RtED, WIDOWED, O (write the word)	21. DATE OF DEATHOCK. 24
5a	. If married, widowed, or divorced HUSBAND of				(Month) (Day) (Year)  22. I HEREBY CERTIFY, That I attended deceased from
-	(or) WIFE of				193L, to 9 ch 1937
	DATE OF BIRTH (month, day, and	yeer) Ju	ne 6,18	54.	I lest saw he alive on De 23, 1927; death is sald
7.	AGE Yeers	Months	Days	If LESS then 1 dey,hrs.	to have occurred on the data stated above, atAm.
	85	4	17	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
NO	8. Trade, profession, or perticukind of work dona, as S SAWYER, BOOKKEEPER,	lar PINNER,	one		
OCCUPATION	9. Industry or business in while	ch	X 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		China my acres
SUP	work was done, as SILK SAW MILL, BANK, etc	MILL,			le leis sis le gar.
000	10. Deta daceesed last worked this occupation (month a year)	at nd		me (years) It in this pation	
12	BIRTHPLACE (city or town)	oston ass.			Other Contributory Causes of Importance:  Occidental fall, in Automobile, control
ER	13. NAME Augustus	M. R	ice		Ruration: twenty Three days
FATHER	14. BIRTHPLACE (city or town) (Stata or country)	Bosto	n.,		Name of operation Dete of
IER	15. MAIDEN NAME SETS	h Por	ry		Whet test confirmed diagnosis? Was there an eulopsy? 23. If deeth was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Sarah Porry  16. BIRTHPLACE (city or town) Boston,  (Stata or country)					Accident, suicide, or homicide? - Cacadent Date of Injury Oct. Lat 1937.  Where did injury occur? - Catoneselle, Baltonare Courts - rada
17. INFORMANT Rdmund A. Rice					(Specify city or town, county and Slate) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  In Public Place — in automobile.
18. BURIAL/CREMATION, OR REMOVAL/ Wash.  Place Tort Gingle Lin, W. G., betef Oct 26/3,79					Menner of injury Accelerately fell, in automobile (cynsope).  Natura of Injury
19. UNDERTAKER Harry At with (Address) 101 fronds on Ave					24. Was diseasa or Injury In any way releted to occupation of deceased?
20. FILED Och 25, 1937 Marshale 13 West					(Signed) Wolfwood, M.D.  (Address) Hale Worth Lad.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 9 1931	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The state of the s			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones -	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	<b>FURTHER</b>	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	----------------	------------	----	-----------

V. S. No. 1

infor-	state	UPA.	
Jo u	plno	000	
iter	sh	Jo	
D. Every	SICIANS	atement	
RECORI	. PHY	Exact st	
ERMANENT	EXACTLY	classified.	di
PI	I P	erly	cat
S	state	rop	ertif
IIS	be s	be r	of ce
N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	TION is very important. See instructions on hack of certificate.
Z.			

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10745
1. PLACE OF DEATH	3 . (//
County Salto	Registration Dist. No.
Village or City o Harrine Font, ma	No. 7/6 Ward
18 '101 (II	death occurred in a hospital of institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long not. S. if of foreign birth?yrsds.
2. FULL NAME Saby A Form	If U. S. Veteran, specify WAR
(a) Residence: No. 7/6 4	St., Ward. Therewas from and State
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX A COLOR OR RACE S SINGLE MARRIED WIDOWED	21. DATE OF DEATH
Male Colored OR DIVERCED (Frite the ford)	(CC 2), 193 7
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
M / 27 162 M	, 19, to, 19,
6. DATE OF BIRTH (month, dey, and year)	I lest saw h; death is said
7. AGE Years Months Days If The Sthan	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
0 6/2 0 Hiller	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Affille
SAWYER, BOOKKEEPER, etc.	June 10 our
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at 11. Total time (years)	
this occupation (month and spent in this occupation occupation	Other Contributory Canses of importance;
12. BIRTHPLACE (city or town) Aurine Forme, Ma	
(State or goudes)	
14. BIRTHPLACE (city or town)? have the	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME TIME A MINE GOVERNMENT A MINE GO	23. If deeth was due to external ceuses (VIOLENCE) fill in elso the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country) (Amally Co. 19.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Austill of Trifains (Address) Transition Format Mid	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR, REMOVAL OCUPAN OCT 28	Manner of injury
Place SUNUT CU World J, 1931	Nature of injury
19. UNDERTAKER A W Chose AND Chose A	24. Was disease or injury in any way related to occupation of deceased?  If so, specify
20. FILED OCY 27th, 1937 G. Molemickin, Registrat.	(Signed) Dawsna Lo. Hartet M. D. (Address) Marrows Cont Ma
Tf	N. Cl. J. C. v. P. L. P. v. G. C. N.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1.00	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		*	
The same and the s			B
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

See instructions on back of certificate.

TION is very important.

V. S. No. 1 N. B.

1. PLACE O	F DEA	ТН			(72-0)		
County	Bal	timore	*********			Registration Dist. No.	30
Village or	City	Catonsvill	Le	/14	No. Glenwood death occurred in a horpital or institution	Ave.	St., Ward
Length of re	sidence in c	city or lown where d	eath occurred Li	feyrsmos	ds. How long in U.S. if of fo	oreign birth?yrs.	street and number)
2. FULL NA	ME	Eva N	Mae Sapp		If U. S. Veteran, sp	pecify WAR	
(a) Reside	nce: No.	Glenwood A	Ave., Cat		St,Ward.	If nonresident give city or	r town and State
PERSO	VAL AN	ND STATISTI	CAL PARTI	CULARS	MEDICAL CE	RTIFICATE OF DI	EATH
3. SEX Female		or or race Nhite	5. SINGLE, MAR OR DIVORCE Sing	RIED, WIDOWED, D (write the word) Le	21. DATE OF DEATH	tober 22 (Day)	, 193_7 (Yeer)
5a. II married, wido HUSBAND of (or) WIFE oI	wed, or div	orced			22. I HEREBY	CERTIFY, That	
6. DATE OF BIRTH	(month, da	ay, end year) Maj	y 16, 191	.7	I last saw h alive on	Oct 21	., 19.2.7.; death is said
	ars	Months	Days	II LESS than 1 day, hrs.	to heve occurred on the date stated a		
1	20	5	6	ormin.	The PRINCIPAL CAUSE OF DEATH were as follows:	and releted causes of Impor	Oate of onset
8. Trade, prof	work done	, as SPINNER, EPER, etc.	None		Aleens Leu	kemia	149
9. Industry or	business i		0 0				
	ILL, BANK,	etc	II Total t	ime (years)			
	upation (mo	onth and	soe	nt in this			
12. BIRTHPLACE (	14 4	Catons	sville		Other Contributory Causes of Importa	ance:	
(State or con		Mar	yland			***************************************	
I3. NAME	W:	illiam A.	Sapp				
(State of	E (city or t	town) Bal	timore Maryland		Name of operation  What test confirmed diagnosis? Pl	() (24 /)	Date ofs there an au'opsy?_94
15. MAIOEN N	AME	Lottie V	W. Abbott	,	23. If death was due to external cause	S (VIOLENCE) fill in also th	he following:
6 16. BIRTHPLAC		own) Baltino	ore Count	<b>y</b>	Accident, suicide, or homicide?	Date of Inje	ury, 19
≥ (State o	or country)	Man	ryland		Where did injury occur?	(Specify city or town, cour	nty and State)
17. INFORMANT (Address)	Glenwo	odd Ave.		11e )	Specify whether injury occurred in i	INDUSTRY, in HOME, or in I	
18. BURIAL, CREMA		REMOVAL edral Ceny	1/2/20+/	25 1937	Manner of Injury		
PlaceNCW.	Values	edial dell	Date DC Ve	1901	Nature of injury		
19. UNOERTAKER (Address)	100	3 W. Balt	imore St.	0/10	24. Was diseese or injury in any way	related to occupation of de	ceased?
20. FILEO Och	22	1657 Ina	shall K	west-	(Signed) Madusla (Address) 308 In	le B well gleside Ave.,	Catonsville

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage NOV 2 1937	July 5,1927	Peritonitis	3 days ago
ELVEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		ge . was Italian	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
				-		

V. S. No. 1

of OCCUPA-

VSTATE OF MARYLAND—	CERTIFICATE OF DEATH
1/ PLACE OF DEATH	- Dia Be
County Balto	Registration Dist. No.
Village or City Randalls town	No. Campleeld Tood. St., Ward
Length of residence in city or town where death occurred 4 yrs	death occurred in a hypital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME anna. Schaller	
(a) Residence: No Ettigobrung Horne	St Ward.
(Usual place of abode) / None	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH October of the 193 7 (Year)
Sa. If married, widowed, or divorcad HUSBAND of Otto Schaller	22.   HEREBY CERTIFY, That I attended deceased from
CD. + 20 1050	last saw h.e.) alive on 19 19 19 19 19 19 19 19 19 19 19 19 19
6. DATE OF BIRTH (month, day, and year)	to have occurred on the date stated obove, at 10 P m.
77 11 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular	1) - Strangulating Herman Boto of gaset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	2) - arterio - Schoolin Hunt
9/Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Disuse .
10. Data deceased last worked at this occupation (month and spent in this occupation occupation	
12. BIRTHPLACE (city or town) - GEMIANY.	Other Contributory Causes of importance:
(State or country),	Browner - Brumone / 3da ?
13. NAME ? Muller	
14. BIRTHPLACE (city or town) — Germany (State or country)	Nama of operation Data of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME HOY However	23. If death was due to extarnal causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) 45 miles	Accident, suicide, or homicide?
(State or country)	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT Cuigoburg Home Steend. (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL!	Manner of injury
Place & Edan Still Date Oet 112, 193	Nature of injury
19. UNDERTAKER Mrs Chas a. G. Rohde	24. Was disease or injury in any way related to occupation of deceased?
(Address) 2327 Edmondson ave	If so, specify
20. FILED Oct 9, 1937 Albert The Registrar.	(Signed) Earl of Orwant from M. D.  (Address) 1108 - Liberty Ata. Com
Acgustus.	· · · · · · · · · · · · · · · · · · ·

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	AV.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrifis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	- 0
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

RESERVED

ARGIN

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEAT . Registration Dist. No. 31 County Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) 6 ds. How long in U.S. if of foreign birth? yrs. mos. ds. Length of residence in city or town where death occurred 2. FULL NAME If U. S. Veteran, specify WAR\_\_\_ (a) Residence: No. (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH 4. COLOR OR RACE OR DIVORCED (write the word) Duna 5a. If marriad, widowad, or divorced HUSBAND of I HEREBY CERTIFY, That I attanded deceased from (or) WIFE of 1933 to Oct 20 6. DATE OF BIRTH (month, day, and year) 7. AGE if LESS than to have occurred on the data stated above, at-1 day, \_\_\_\_ hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or .... min. were as follows: Date of onset 8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc..... 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc...... 10. Date deceased last worked at 11. Total tima (yaars) this occupation (month and spent in this occupation ... 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME Name of operation \_\_\_\_\_ Zees 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Was there an autopsy? MOTHER 15. MAIDEN NAME 23. If death was dua to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicida?\_\_\_\_\_\_ Date of injury\_\_\_\_\_\_ 19\_\_\_\_\_ DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?\_\_\_\_ (Specify city or town, county and State)
Spacify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. should OF Manner of injury CAUSE Neture of injury 24. Was disease or injury in any way ralated to occupation of deceasad?... (Address) if so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	alpha and an analah an	Example II	1
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
NOV 3 1937.			
Other contributory causes of importance:		Other contributory causes of importance:	3-1111-1
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FUR	HER STATEMENTS BY PHYSICIAN
--------------------------	-----------------------------

D. M. Lowman Hood

N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10749
1. PLACE OF DEATH	930
County Bala.	Registration Dist. No. 40
Village or City Faldwin	NoSt.,Ward
(If Length of residence in city or town where death occurredyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Lovis Schuman	
R O A . · O . A	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorged HUSBAND of the Late Clinater Schuman	22. I HEREBY CERTIFY That ettended deceased from
6. DATE OF BIRTH (month, day, and year) Spire 10-1861	Most saw how alive on Oct 6, 1937; death is said
7. AGE Years Months Deys If LESS than	to have occurred on the date steted above, etm.
76 4 27 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:
8. Trade, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	mostatic Hypertrophy 1922
9. Industry or business in which	The carmay region along 143
work was done, as SILK MILL, SAW MILL, BANK, etc.	heith Dustanel With Villa.
11. Total time (years) this occupation (month and spent in this	and Rustitish 12B1
year) occupation	Other Contributory Cause of importance:
12. BIRTHPLACE (city or town)	
(State or country)	
13. NAME  14. BIRTHPLACE (city or town) White the country of the c	
14. BIRTHPLACE (city or town) (State or country)	Name of operation
15. MAIDEN NAME	23. If deeth was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT CAddress) Bradelier And	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Plece Folk W. L. Com. Date Oct 8 1937	Menner of injury
ca = = 0.Fl	Nature of injury
19. UNDERTAKER CALLEY Z. CHILLY (Address)	24. Was disease or injury in eny wey related to occupation of deceased?
1888 Hall million mark	(Signed) lifford of Judson M. D.
29. FILES / Of Registrar.	(Address) John me.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 4 1837	July 5,1927	Peritonitis	3 days ago
ALV UMBALLET			
Other contributory causes of importance:	a promoted	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	7.24		
	C-45		

FOR BINDING

MARGIN RESERVED

1. PLACE OF DEATH		210-m)	
Coupty Balto		Registration Dist. No. 33	
Village or City Rustus		NoSt.,	Ward
Length of residence in city or town whe	0.	f death occurred in a hospital or institution, give its NAME instead of street and nur s,ds. How long in U.S. if of foreign birth?yrsmos.	
FULL NAME Charl	es I Schwarts	If U. S. Veteran, specify WAR	
(a) Residence: No. 629 S	Main St.	St Ward.	
(a) nesidence. No. 12.25. 12.25.	(Usual place of abode)	If nonresident give city or town and St	lale
PERSONAL AND STATIS		MEDICAL CERTIFICATE OF DEATH	
Male 21 hite	5. SINGLE, MARRIED, WIOOWED, OR DIVORCED. (write the word) Married	21. DATE OF DEATH  (Month) (Oay)	193 (Year)
5a. If marriad, wildowed, or divorced HUSBAND of Corp WIFE of Lydia a.	Swartz	22. I HEREBY CERTIFY, That I attended de	
6. DATE OF BIRTH (month, day, and year)	Det 26 1857	1 last saw h, 19, 19,	
7. AGE Yaars Months	Oays If LESS than	to have occurred on the date stated above, atm.	
79 11	20   I day,hrs.	The River All CAUSE OF BEATH and related consess of importance	Oate of onset
8. Trade, profassion, or particular kind of work done, as SPINNER,		Jacoband Sin St	
SAWYER, BOOKKEEPER, etc	nto	- Ortalista Smill - Muck	04.16. 39
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		The state of the s	J
1D. Date deceased last worked at this occupetion (month and	11, Total time (years) spent In this	1- Diason my arrived on	6
year)	occupation	Dther Contributary Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)	10. 00		
1 0 0	Chartz .		
13. NAME   Jenry   14. BIRTHPLIACE (city or town)   14.	d	Name of operation	
(State or country)	mary	What tast confirmed diagnosis? Was there an aut	
15. MAIOEN NAME Margare	ta. Der	23. If death was dua to axternel causes (VIDLENCE) fill in also the following:	
15. MAIOEN NAME Margare  16. BIRTHPLACE (city or town)		Accident, suicide, or homicide?	19.37
(State of County)	many	Where did injury occur? 1 Salimore County at Reiste (Specify city or town county and State)	
17. INFORMANT My Lydia G (Address) Perstuston	n Med	Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLAC	Æ.
18. BURIAL, CREMATION, OR REMOVAL	Date Ou. 19 19 17	Manner of injury	40.0
0 = 80:	- Ims	Nature of injury & Cod ward Myla UCN Loror	10
19. UNDERTAKER	un MVI	24. Was disease or injury in any way selated to occupation of deceased?	
0.447	7/2	(Signed) HO Comehan	M. D.
20. FILEO (19.3.)	Registrar.	(Address) Resterslann n	A.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
NOV 3 1937			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

z

1	11	10)	E	1
1	U	6	1)	X.

1. PLACE OF DEATH	Jog
County Dallo.	Registration Dist. No. 33
Village or City Glyndon Md	NoSt.,Ward  f death occurred in a hospital or institution, give its NAME instead of street and number)
	s. 26. ds. How long In U.S. if of foralgn birth?
2 FILL MARK Thomas & W Shadle	
(a) Pacidance: No 24 att. Ten Valley	If U. S. Veteran, specify WAR
(a) Residence: No. 1 or Surge Con V acception (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DEVORCED (3 Frite tha word)  Thirte OR DEVORCED (3 Frite tha word)	21. DATE OF DEATH  (Month)  (Dey)  (West)
5a. If married, widowad, or divorced HUSBAND of	22 I HEREBY CERTIFY That Lattended deceased from
(or) WIFE of	22. HEREBY CERTIFY That lattended deceased from
6. DATE OF BIRTH (month, day, and year) Light 8/37	i last saw harmen alive on Oct 6 , 1957; death is said
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, atm.
28 1 day,hrs.	were as follows:
8 Trada profession or particular	Labar Pneumina Date of onsot 19-5-37.
9 Industry or business in which	
work was done, as SILK MILL, MML SAW MILL, BANK, etc.	
10. Data dacaased last workad at this occupation (month and year) spent In this occupation	
year) occupation	Other Contributory Causes of Importança:
12. BIRTHPLACE (city or town) (State or country)	
1 1 1 1 1 1 1 1 1 1 1 1	
H A	Want Change
[ 14. BIRTHPLACE (city or down) Carrol Co	What test confirmed diagnosis? Chinese Was there an autopsy? Auto-
15. MAIDEN NAME ada M Owings	23. If death was due to external causes (VIOLENCE) fill in also the following:
E	Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town) Balto (State or country)	Where did injury occur? at lame none.
17. INFORMANT Benjaman a Shaffer (Address) Meinden med	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL	Manner of Injury none
Place Dew Park Data Od 8, 1937	- Nature of Injury Zrane.
OF. Pline + Long	24. Was disease or injury in any way related to occupation of deceased? Zrane:
19. UNDERTAKER (Address) Rustistion mg	If so, specify
266	(Signed) D D Eapler M.D.
20. FILED W. J. 19 Z. Registrar.	(Address) Reisterstown, md.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
· · · · · · · · · · · · · · · · · · ·	3		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

N. B.

19. UNOERTAKER (Address)

20. FILEO\_

1. PLAC	E OF DEATH	DIESTIN .		[33] (BC) 9	
Count	y Baltimore			Registration Dist. No.	0
	e or City Catons v		(lif	No. Spring Prove St. Hosp. St., death occurred in a hospital or institution, give its NAME instead of street an 26. ds. How long In U.S. if of foreign birth?	Ward number)
				If U. S. Veteran, specify WAR	
(a) R	esidence: No. 3601	Reistarston (Usualplace of	m Road, Ba	1tot, Id. Ward.  If nonresident give city or town a	and State
PER	SONAL AND STATIS	TICAL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX	4. COLOR OR RACE White	5. SINGLE, MARRI OR DIVORCED Single	(write the word)	21. DATE OF DEATH October 8th (Month) (Oay)	., 193. 7 (Year)
	, widowed, or divorced			22. I HEREBY CERTIFY, Thet i ettend Jan 11th 19 30 oct 8th	19.07
6. DATE OF I	BIRTH (month, day, end year)	April 10,	1884	last saw h er elive on Oct 7th 193	? ; death Is sald
7. AGE	Years Months 53 5	Oays 35	If LESS than I day,hrs. ormin.	to have occurred on the dete steted above, at 2:12 An.  The PRINCIPAL CAUSE OF DEATH end releted causes of Importence were es follows:	Oatesionash
Š ki	e, profession, or perticular Ind of work done, es SPINNER, AWYER, BOOKKEEPER, etc stry or business in which	Tailoress		Schizophrenia	1911
	ork was done, es SILK MILL, AW MILL, BANK, etc	Tailor shop	p	Pybuophrosis	
07-10. Oate	deceased lest worked et his occupetion (month and ear)	11. Totel tim spant occup	ne (years) in this petion life		1937
12. BIRTHPL	ACE (city or town)			Other Centributery Causes of importence:  Pronaphosis	
区 山 13. NAMI	Hyman Shapi	ro			
I3. NAME Hyman Shapiro  14. BIRTHPLACE (city or town) (State or country) Russia				Neme of operation None Oate of What test confirmed diagnosis? Clinical Westhere	78
15. MAID	DEN NAME Long Let	insky		23. If death was due to external causes (VIOLENCE) fill in elso the follow	ving:
15. MAIDEN NAME Levinsky  16. BIRTHPLACE (city or town) (State or country)  Russia				Accident, suicide, or homicide?	
17. INFORMA	NT Mrs K. Siski	ad.	Balto.	(Specify city or town, county and Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC	PLACE.
18. BURIAL,	CREMATION OR REMOVAL	1. 10 1	8 1037	Menner of Injury	

If more blanks are nested, address state Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

If so, specify

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	il il	Example II	. 15
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis NOV 2 18:77	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
H FORENTV. S. I			
The state of the s			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1	1. PLACE OF DEATH	(31)	
	county Sattemore	Registration Dist. No. 30	
	Village or City Castousville	No. Bloomsbury (WE St.	Ward
V	Length of residence in city or rown where death occurredysmos.	death occurred in a hospital or institution, give its NAME instead of street and no formation.  How long in U.S. if of foreign birth?	umber)
1	2. FULL NAME Wallain Hewrs	Smith II . S. Veteran, specify WAR Worlds W	ar.
	(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and S	State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3	4. COLOR OB RACE S. SINGLE MARRIED, WIDOWED, OR DIVORCED (write the yord)	21. DATE OF DEATH (Month) (Day)	193
5	a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended d	
-	(01) 1112 01	, 19, 10	, 19
6	DATE OF BIRTH (month, day, and Jean - 17 1893	Hast sew h affive on 19 19	death is said
7	AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4.3.0 F. m.	
-	44 8 2 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Oate of onset
NOIL	SAWTER, BUUNNEEPER, BIG.	acute Heart facture	15 mul
Adil	9. Industry or business in which work was done, as SILK MHL, SAW MILL, BANK, etc		
000	10. Date deceased last worked et this occupation (month and 19 35 spent in this occupation occupation)		
1 2	2, BIRTHPLACE (city or town). Bulle Co.	Other Contributory Causes of Importance:	
	(State or country) May land,	Che Caroles C- Vasse las And	unk
2	13. NAMELINET Smith	and ano whoele	
1	14. BIRTHPLACE (city or town) Salt Co	Name of operation Date of	
-	(State of Country)	What test confirmed diagnosis? Hestory Wes there an eu	Itonsy? No
HFR	15. MAIDEN MANERY Seri dellacel	23. If death was due to external causes (VIOLENCE) all in also the following:	
MOTH	16. BIRTHPLACE (city or town) . Howard Co	Accident, suicide, or homicide? Date of injury	
MOTHE	(State or country) Many land,	Where did injury occur?	
	7. INFORMANT MISS L. May Smith	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLA	CE.
	8. BURIAL, GREMATION, OR REMOVAL	Managedistria	
2	Place Melow Park Dete let, 1919 3	Menner of injury	
1	0 + 1 8	Nature of injury	
1	9. UNDERTAKER CASTOW ROUD	24. Was disease or injury in any wey related to occupation of deceased?C	MG-
	(Address) Eller (Uli	If so, specify	
	OFFILED Oct 18 1937 marshale B West	(Signed) Marshall D west	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory cause of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		\	

# state infor-OCCUPAshould Jo PHYSICIANS statement ORD. Exact classified. properly be may pluods so that

FOR BINDING

ARGIN RESERVED

certificate on See carefully

1. PLACE OF DEATH County Baltimore Registration Dist. No. 30 Village or City Catonsville, Md. - Frederick Rd. No. near Forrest Drive (If death occurred in a hospital or institution, give its NAME instead of street and number) 2. FULL NAME Elizabeth Taylor (a) Residence: No. 2115 N. Smallwood St., Baltim (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) Female White Widow 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Major Randolph Taylor 6. DATE OF BIRTH (month, day, and year) NOV. 7. AGE Years Months Days If LESS than 1 day, \_\_\_\_hrs. or .... min. 8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BODKKEEPER, etc. 110N House Duty back Industry or business In which work was done, as SILK MILL, OCCUPA SAW MILL, BANK, etc .... 10. Data deceased last worked at 11. Total time (years)
spent in this this occupation (month and year) occupation ... 12. BIRTHPLACE (city or town) Queen Ann County (State or country) OF DEATH in plain terms, FATHER 13. NAME Zacharias Jones Norfolk 14. BIRTHPLACE (city or town) (State or country) Virginia MOTHER 15. MAIDEN NAME Cecelia Scott important. 16. BIRTHPLACE (city or town) Talbott County. (State or country) should be 17. INFORMANT Mrs Edgar T. Green 18. BURIAL, CREMATION, DR REMOVAL CAUSE Eastern Shome Oct. 6th. 1937 mation LION 19. UNDERTAKER

ds. How long in U.S. If of to	reign birth?		.mosds.
If U. S. Veteran, spe	cify WAR	**********	
Stre, Md .Ward.			
		nt give city or town a	nd State
MEDICAL CER	TIFICAT	E OF DEATH	
. DATE OF DEATH			
(	Month)	Oct. 3d,	(Year)
I HEREBY	ERTI	FY, That I attende	ed deceased from
, 19	, to		, 19
last saw haliva on have occurred on the date stated al	bout- bove, at	h //	; death is said
he PRINCIPAL CAUSE OF DEATH a			Date of onset
Fractured Post	Rull	Irastured	
Rt am senah belo	w Star	Oden Fronk	0
bott leg 4 mish			
		*************	
ther Contributory Causes of importa	nce:		
M gro whodle	Cor	oner	
ame of operation		Date of	
hat test confirmed diagnosis?	A	Was thera a	n autopsy?
If death was due to external causes	(VIOLENCE)	fill in also the follow	ing:
ccident, suicide, or homicide?_Q.C.		and a	
here did injury occur? Freel &		Oslowa a	
pecify whether injury occurred in IN	(Specify city	or town, county and S	tate)
pecity whether injury occurred in in	O P	HOME, OF IN PUBLIC	PLACE. DO.
Je	20010	~ Calcon	succe.
lanner of Injury	en ales	la:	************
ature of injury the ale	600m		
. Was disease or injury In any way	related to occ	upation of deceased?_	Ma
so, specify	0 0.	0 /	
4		B wegl	M. D.
(Address) Call	onne	ille m	ol

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	. 1921	Run over by street car	1 week ago	
Cerebral hemorrhage NOV 2 1007	July 5, 1927	Peritonitis	3 days ago	
EUR CALL OF				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

1. PLACE OF DE	STATE O	F MAR	YLAND—	CERTIFICATE OF DEATH	10750
County B	eltimos	-		Registration Dist. No. 3	0
Village or City	Catonsi	rille		No. 40 Winters are St.	Ward
Length of residence in	city or town where de	eath occurred Li		death occurred in a hospital or institution, give its NAME instead of street as	
2. FULL NAME	fmn		emple	If U.S. Veteran specify WAR	
(a) Residence: No.	40 /1/1	ntens	Mare	St. Ward.	
(d) Nesidence. No.	14 00.4	(Usual place	of abode)	If nonresident give city or town	and State
PERSONAL A	ND STATISTIC	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
7. 4. CO	Colored		RIED, WIDOWED, O (write the word)	21. DATE OF DEATH 0 25  (Month) (Day)	, 193_7 (Year)
ia. If married, widowed, or di HUSBAND of (or) WIFE of	Rober	f Jene	tle	22. I HEREBY CERTIFY, That Jattend	led deceased from
DATE OF BIRTH (month	1	0.14	1880	I lest sew h ex alive on Oet 23 19	7. death is said
6. DATE OF BIRTH (month, or 7. AGE Years	Months	Days	If LESS than	to have occurred on the date stated ebove, et 10.30 m.	
57	3	21	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8 Trade, profession, or	particular		• /	(eden curemons) wheres	Date of onset
kind of work don SAWYER, BOOKK	e, as SPINNER, EEPER, etc	ma	vol.	overes takes, vagely outlit	ago
9. Industry or business work was done, e SAW MILL, BANI	in which			with metastage to lives	
SAW MILL, BANI		11 Total ti	me (years)		
this occupation (r	nonth and	spei	nt in this		
	Pata	marill	70 .	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or tow (State or country)	n)	mu u	md		
13. NAME AL	Nande	N-Ten	4008.		
	. 14	- 1 have As all	10	Name of operation Canadamy Date o	1 May 12 June 16
14. BIRTHPLACE (city or (State or country			me	What test confirmed diegnosis? Houseld seemed was there	1 '
15. MAIDEN NAME	mart	ha Do	rsel	23. If death wes due to external causes (VIOLENCE) fill in also the follow	
15. MAIDEN NAME  16. BIRTHPLACE (city or	(Annua)			Accident, sulcide, or homicide? Date of injury	
16. BIRTHPLACE (city or (State or country)		7	nd	Where did injury occur?	,
17. INFORMANT WAS	Jaura	Wil	son	(Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	State) PLACE,
18. BURIAL, CREMATION OF	REMOVALO			Manner of injury	
PlaceWaste	n slav	Date 10/	28 193/	Neture of injury	
19. UNDERTAKER MA	France	1 A. Hon	rolou	24. Was disease or injury in eny way related to occupation of deceased?	No
(Address) 578	W. Taide	W. J.		If so, specify	
00 FUED 10/ M	10 84	Follow	lacal	(Signed) K. allust Harder	M. C
20, FILED	3)	MILLER	Registrar.	(Address) 162 writes Catrie	wille, and

If more bland a fleded, address of Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

certificate

Jo

back

instructions on

See

TION is very important.

mation should

V. S. No. 1

ż

OCCUPA-

Jo

should

STATE OF MARYLAND—CERTIFICATE OF DEATH 10756

(210-00)	Registration	Dist. No. 3	3
Non		St	Ward
I death occurred in a hospital or instit			
		yrs	_mosds.
If U. S. Veteran	, specify WAR	*************	
Ward	If nonreside	nt give city or town	and State
MEDICAL C		E OF DEATH	
21. DATE OF DEATH	Cal	11-11	
••••••	(Month)	(Day)	, 193
			, 1
22. COP 16 0	YCERTII	That attend	ed receased from
I last saw h Care of	Lester &	le 1/2, 195	death is said
to heve occurred on the date sta		1 501	, 00000 13 3010
The PRINCIPAL CAUSE OF DEA			
automobile as	Didant of	OBRA 1	Date of onset
Malte	uses	fruit	
010		0	/
1 X Leg V	Layer	en frac	
- A			
Other Contributory Causes of Im	- 00	0.	10
they were our n	M. o. whiles	eloo et +	مد داماله
October 16th, 192	7.	enressa indian	diam's
Neme of operation		Dete o	f
What test confirmed diegnosis?		Was thera	
23. If deeth was due to external co	auses (VIQL ENCE)	fill in also the follow	ving; 0 ~/
Accident, suicide, or homicide?	allale	Date of injury_C.	(4.19.13.)
Whera did injury occur?	Luosarsha	or town, county and	& wand
Specify whether Injury occurred	in INDUSTRY, In I	OME, or In PUBLIC	PLACE.
in public degel.	Hanore	Pala	719
Mannar of injury 4. Co.Cl	wasu	VYUXXX	Finned
- Nature of Injury CCLIM	V-101134VI	en plession	alou PNG1
24. Was disease or injury in any	way related to occu	upation of deceasad?	
If so, specify (Signed)	auch )	Ille-	200 M. D.
	0.00 100	to a	
	CA CEN	attend to	74

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	tı	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
NOV 3 1937				
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1

ż

TION is very important. See instructions on back of certificate.

1. PLACE OF BEATH County Cliffy County Cliff	STATE OF MARYLAND—	CERTIFICATE OF DEATH
Village or Cityal Length of residence in city or town where death occurred.  Length of residence in city or town where death occurred.  Length of residence in city or town where death occurred.  A. B. House of the city or town where death occurred.  A. B. Ward.  If U. S. Veteran, specify WAR.  (a) Residence: No.  (busin) A. Color or Right S. Ward.  If u. S. Veteran, specify WAR.  (busin) A. Color or Right S. Ward.  If u. S. Veteran, specify WAR.  (a) Residence: No.  (busin) A. Color or Right S. Ward.  If u. S. Veteran, specify WAR.  (busin) A. Color or Right S. Ward.  If u. S. Veteran, specify WAR.  (c) Residence: No.  (c) Ward.  If unonemident give city or town and State  PERSONAL AND STATISTICAL PARTICULARS  3.584  A. COLOR OR Right S. S. Ward.  (c) Ward.  If unonemident give city or town and State  MEDICAL CERTIFICATE OF DEATH  (c) Ward.  192  2. DATE OF DEATH  (lootin) (Day)  (c) Ward.  193  (c) Ward.  193  (c) Ward.  If unonemident give city or town and State  MEDICAL CERTIFICATE OF DEATH  (lootin) (Day)  (c) Ward.  193  (c) Ward.  If unonemident give city or town and State  MEDICAL CERTIFICATE OF DEATH  (lootin) (Day)  (c) Ward.  193  (c) Ward.  194  195  (c) Ward.  If unonemident give city or town and State  MEDICAL CERTIFICATE OF DEATH  (lootin) (Day)  (c) Ward.  195  (c) Ward.  19	1. PLACE OF DEATH	(82:0)
Langth of residence in city or fown where death occurred. As yes, the most of the wines in in Sopial for institution, and the wines in U. S. I of foreign billith?  2. FULL NAME  (a) Residence: No.	County Callering	Registration Dist. No. 30
2. FULL NAME  (a) Residence: No.	Village or Cityallelleste	
2. FULL NAME  (a) Residence: No		
(a) Residence: No.	2. FULL NAME Maurie D. Thomas	
PERSONAL AND STATISTICAL PARTICULARS  J. SEW 4. COLOR OR ANCE  OR DATE OF DEATH  CHOOKE OR ANCE  OR DATE OF DEATH  CHOOKE OR DEATH  COLOR OR ANCE  OR DATE OF DEATH  COLOR OR ANCE  Sa. Himsried, widowed, of dovered  HOLD ANCE  The PERSONAL AND STATISTICAL PARTICULARS  A. Trade, profession, or particular  A.	(a) Residence: No. Olchester	
3. SEX 4. COLOR OR ACKEE S. SINGER, RARRIED. FIDOWED. ON THE OF DEATH  Sa. If particle, widowed. Air dispersed from the word of the word o		
Sa. It merried, widowed, of divorced HUSBAND (Month) (Day) (194)  5. DATE OF BIRTH (month, day, and yes) (D. 3) SSZ  7. AGE Years Months Dayy It LESS than 1 day,hrs. ormin.  8. Trade, profession, or particular kind of work dome as SPINER, Charlet Cause of Importance were as follows:  9. Industry or business in which shall shall be a seen of the contributory or business in which this cocupition from the ade stated cause of Importance were as follows:  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. If which are country (State or country)  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address) (Specify or town), country and State)  18. BURDAN AGREETION, OR RENDVAL  Piget MULLIAMAR (Address) (Address)  19. UNDEFTAKER  (Address) (Address) (Address) (Address)		A X //
HUSBAND of (or) WIFE BRY CERTIFY. List latended pecased from (or) WIFE BRY CERTIFY. List latended pecased from (193) 1852.  F. AGE Years Months. Days II LESS than 1 day, hrs. of min. 1 day, hrs. of min. 1 day. hrs. of hrs.	Telleale Collete Or Divorced (wife the word)	OC 1 7 193
S. DATE OF BIRTH (month, day, and yeer)  7. AGE  Years  Months  Days  II LESS than 1 day, hrs. or min.  1 day, hrs. or min.  8. Trade, profession, or particular min.  SAWYER, BODKKEPPER, etc Charles min.  9. Shadyer or business in which work was done, as SILK MILL.  Note deceased last worked at min.  12. BIRTHPLACE (city or town)  (State or country)  13. IS MINIOPAN (Address)  14. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  Pipel  18. IT rade, profession, or particular min.  19. It also away h alive on Cycle of pearting and to have occurred on the date stated ebovo, at min.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance	HUSBAND of	1/12: 1/1/2/
T. AGE  Years  Months  Days  II LESS than 1 day. hrs. or min.  The PRINCIPAL CLUSE OF DEATH and related causes of Importance were as follows:  "The PRINCIPAL CLUSE OF DEATH and related causes of Importance were as follows:  "The PRINCIPAL CLUSE OF DEATH and related causes of Importance were as follows:  "The PRINCIPAL CLUSE OF DEATH and related causes of Importance were as follows:  "The PRINCIPAL CLUSE OF DEATH and related causes of Importance were as follows:  "The PRINCIPAL CLUSE OF DEATH and related causes of Importance were as follows:  "The PRINCIPAL CLUSE OF DEATH and related causes of Importance were as follows:  "The PRINCIPAL CLUSE OF DEATH and related causes of Importance were as follows:  "The PRINCIPAL CLUSE OF DEATH and related causes of Importance were as follows:  "The PRINCIPAL CLUSE OF DEATH and related causes of Importance were as follows:  "The PRINCIPAL CLUSE OF DEATH and related causes of Importance were as follows:  "The PRINCIPAL CLUSE OF DEATH and related causes of Importance were as follows:  "The PRINCIPAL CLUSE OF DEATH and related causes of Importance were as follows:  "The PRINCIPAL CLUSE OF DEATH and related causes of Importance were as follows:  "The PRINCIPAL CLUSE OF DEATH and related causes of Importance were as follows:  "The PRINCIPAL CLUSE OF DEATH and related causes of Importance were as follows:  "The PRINCIPAL CLUSE OF DEATH and related causes of Importance were as follows:  "The PRINCIPAL CLUSE OF DEATH and related causes of Importance were as follows:  "The PRINCIPAL CLUSE OF DEATH and related causes of Importance were as follows:  "The PRINCIPAL CLUSE OF DEATH and related causes of Importance were as follows:  "The PRINCIPAL CLUSE OF DEATH and related causes of Importance were as follows:  "The PRINCIPAL CLUSE OF DEATH and related causes of Importance were as follows:  "The PRINCIPAL CLUSE OF DEATH and related causes of Importance were as follows:  "The PRINCIPAL CLUSE OF DEATH and related causes of Importance were as follows:  "The PRINCIPAL CLUSE OF DEATH and relate	6 DATE OF RIRTH (month day and year) OA 31 1852.	Det 7/ 31
3. Trade, profession, or particular SAWYER, BODKKEEPER, etc., B. CARAS   CARAS		to have occurred on the date stated ebovo, at #P-m.
S. Trade, profession, or particular solutions as SPINKR and of work dome, as SPINKR MILL, SAKVER, BODKKEPER, etc., S. Charles School and School work dome, as SILK MILL.  S. HOLL BERTHPLACE (city or town)  T. D. Date deceased last worked at year)  State or country  T. INFORMANT  (State or country)  T. INFORMANT	Life and the second sec	ware se follows
it is occupation (month and year)  12. BIRTHPLACE (city or town) (State or country)  14. BIRTHPLACE (city or town) (State or country)  15. MATCH NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL CONTACTION, OR REMDVAL PIECE  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  20. FILEO  19. INFORMANT (Address)  10. FILEO  11. Specify  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. Match Name of operation What test confirmed diagnosis? Was there an autopsy?  21. If death was due to external causes (VIOL ENCE) fill in elso the following: Accident, suicide, or homicide?  22. If death was due to external causes (VIOL ENCE) fill in elso the following: Accident, suicide, or homicide?  Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  (Address)  Menner of Injury Nature of Injury Nature of Injury (Signed)  24. Was disease or Injury In any way related to occupation of docase()?  If so, specify (Signed)  (Address)  (Address)	8 Trade profession or particular	Uate dijonset /
it is occupation (month and year)  12. BIRTHPLACE (city or town) (State or country)  14. BIRTHPLACE (city or town) (State or country)  15. MATCH NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL CONTACTION, OR REMDVAL PIECE  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  20. FILEO  19. INFORMANT (Address)  10. FILEO  11. Specify  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. Match Name of operation What test confirmed diagnosis? Was there an autopsy?  21. If death was due to external causes (VIOL ENCE) fill in elso the following: Accident, suicide, or homicide?  22. If death was due to external causes (VIOL ENCE) fill in elso the following: Accident, suicide, or homicide?  Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  (Address)  Menner of Injury Nature of Injury Nature of Injury (Signed)  24. Was disease or Injury In any way related to occupation of docase()?  If so, specify (Signed)  (Address)  (Address)	SAWYER, BODKKEEPER, etc. School Seelle	(erebra) Hemorrhage Gig 10,9
it is occupation (month and year)  12. BIRTHPLACE (city or town) (State or country)  14. BIRTHPLACE (city or town) (State or country)  15. MATCH NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL CONTACTION, OR REMDVAL PIECE  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  20. FILEO  19. INFORMANT (Address)  10. FILEO  11. Specify  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. Match Name of operation What test confirmed diagnosis? Was there an autopsy?  21. If death was due to external causes (VIOL ENCE) fill in elso the following: Accident, suicide, or homicide?  22. If death was due to external causes (VIOL ENCE) fill in elso the following: Accident, suicide, or homicide?  Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  (Address)  Menner of Injury Nature of Injury Nature of Injury (Signed)  24. Was disease or Injury In any way related to occupation of docase()?  If so, specify (Signed)  (Address)  (Address)	9-Modustry of business in which work wes done, as SILK MILL, Heliced	
12. BIRTHPLACE (city or town)  (State or country)  14. BIRTHPLACE (city of town)  (State or country)  15. MARGET PLACE (city or town)  (State or country)  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL CHEMATION, OR REMDVAL  Place  Place  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  20. FILEO  19. Registrar,  (Signed)  (Address)  (Address)  (Address)  (Signed)  (Address)	this occupetion (month and)	
13. NAME   20	The suprising of the state of t	
What test confirmed diagnosis?  Was there an autopsy?  15. MRTDPN NAME THE PROPERTY OF THE PROPE THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY		
What test confirmed diagnosis?  Was there an autopsy?  15. MRTDPN NAME THE PROPERTY OF THE PROPE THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY	I 13. NAME Rep L de Noulae	
What test confirmed diagnosis?  Was there an autopsy?  15. MRTDPN NAME THE PROPERTY OF THE PROPE THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY	4 14. BIRTHPLACE (city of town)	Name of operation
Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  (Address)  18. BURIAL CHEMATION, OR REMDVAL  Place   Autorus   A	(State of country)	What test confirmed diagnosis? Was there an autopsy?
Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  (Address)  18. BURIAL CHEMATION, OR REMDVAL  Place   Autorus   A	II 15 MATORY MANACHIA NUE DESou	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  (Address)  18. BURIAL CHEMATION, OR REMDVAL  Place   Autorus   A	0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT (Address)  18. BURIAL GENATION, OR REMDVAL Place   Menner of Injury Nature of Injury Nature of Injury  19. UNDERTAKER (Address)  20. FILEO  20. FILEO (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)	(State or country)	Where did injury occur? (Specify city or town, county and State)
Plate / Allanum, This Date   Santa   Nature of Injury    19. UNDERTAKER Santon Souls   24. Was disease or Injury In any way related to occupation of decraseh?    19. UNDERTAKER Santon Souls   15 on, specify    19. UNDERTAKER Santon Souls   16 on specify    (Address)   (Signed)    (Signed)   (Address)   (Address)    (Address)   (Address)   (Ad	المتنافظ الم	Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.
19. UNDERTAKER Castori Socia  (Address)  24. Was disease or Injury In any way related to occupation of decaseh?  If so, specify  (Signed)  (Address)  (Address)  (Address)  (Address)	18. BURIAL CASHATION, OR REMOVAL	Menner of Injury
(Address) Ellie Cel III so, specify  20. FILEO (Signed) (Signed)  (Address) Alphonics M. D.  Registrar. (Address) Alphonics M. D.	Plate / Milanula, Juli Date 1991, 198/	Nature of Injury
20. FILEO 19 Registrar. (Address) Congressive Mg. D. (Address)	19. UNDERTAKER Gastow Sous	24. Was disease or Injury In any way related to occupation of decease#?
20. FILEO (Address) Cathabaile 2ng		If so, specify
	20. FILEO 107 16 19 Al Seal	(Signed) (Signed) (Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death,—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, c. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	ll l	Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago	
Chronic interstitial mephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUKEAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

A PERMANENT RE UNFADING INK-THIS IS

STATE OF	F MARYLAND—	CERTIFICATE OF DEATH	10.0
1. PLACE OF DEATH		940/	28
County Satterna	<u> </u>	Registration Dist. No.	30
Village or City Town		No. Terrace Dale St.	Ward
Length of residence In city or town where dea		death occurred in a hospital or institution, give its NAME instead of street a	
2. FULL NAME Seabrook	V.Chila	Mas If U. S. Veteran, specify WAR No	
(a) Residence: No. Toward	. Terrace Dale	St. Ward.	
	(Usual place of abode)	If nonresident give city or town	
PERSONAL AND STATISTIC SEX 4. COLOR OR BACE 5		MEDICAL CERTIFICATE OF DEATH	1
male White	S. SINGLE, MARRIED, WIDOWED, OR DIVORCEO (write the word)	21. DATE OF DEATH Clover 29 (Month) (Day)	, 193 (Year)
HUSBANO of (or) WHEE of	71.190	22. I HEREBY CERTIFY Thetyl atten	ded deceased from
own we	regora i porm	Jec. 16, 1934, to, Old 2	19_3.7
. DATE OF BIRTH (month, day, and year)  AGE Years Months	Days If LESS than	1 last saw h I/M alive on J-4, 192	; deeth is sal
AGE Years Months	Days If LESS than 1 dey,hrs.	to have occurred on the date stated abovo, atAm.  The PRINCIPAL CAUSE OF DEATH end related causes of Importance	
* Trade, profession, or particular	or est	were es follows:	Dete of onset
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	wooder	Aldi-vaccular disease	19281
Industry or husiness in which	State Bo	Coronary arting occlusion	10/29/3
1D. Date deceased last worked at this occupation (month end year)	11. Total time (years) spent in this occupation	()()()	
Ø	nattales	Other Contributory Causes of importance	19,04
(State or country) Marylan	de	my pulous	1.16.
13. NAME Charles Gdw	Thomas		
14. BIRTHPLACE (city or town) Bhasis	trut Ridge	Neme of operation . Supportfully neme three Date of	of Chy 25, 19
(State or country) Baltimo	re bo	Whet test confirmed diegosis! Clinical Grand Was there	en a Popsy? He
15. MAIDEN NAME Caroline	of sleiber	23. If death was due to external causes (VIDLENCE) fill in also the follo	wing: 140
16. BIRTHPLACE (city or town)	n- Boud	Accident, suicide, or homicide? Date of injury	, 19
(State or country) Bolton	or ha	Where did injury occur? (Specify city or town, county and	State)
(Address) Terpore Legal	/ homas fr	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC	PLACE.
8. BURIAL, CREMATION, OR REMOVAL	yourson mot	Menner of Injury	
Plece Prospect Hill	Date Nov / bet, 1934	Nature of Injury	
9. UNDERTAKER Ochmes ur	pa Sons	24. Wes disease or injury in eny way related to occupation of deceased	16
20. FILED CASA 1937 CARLE	prill Hapton	If so, specify  (Signed)  (Signed)	4-7-1 M.
ASUA	With Heal Registrar.	(Address) Towsen, M.	1
If more his	anhe are needed address State Designan	242 N. Charles Street Relimons Description 971 C No.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, inechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage NOV 3 193	July 5,1927	Peritonitis	3 days ago	
I BUREAU V. S. II				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPA	ACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
----------------	---------	---------	------------	----	-----------

should state

1. PLACE OF DEATH	34
County Dalla	Registration Dist. No. 33
Village or City Kustustonn	No. St., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Sophie Thompson	If U. S. Veteran, specify WAR
(a) Residence: No. 13mg (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 24. idowed	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. Dy HEREBY CERTIFY, That I attended deceased from
(or) WIFE or Chas. I hompson	Sept. 27, 1937, 10 Oct 8, 1937
6. DATE OF BIRTH (month, day, and year) we 22 1877	I last tow half alive on Oct 6 19.37; death is said
7. AGE Years Months Days II LESS than	to heve occurred on the date steted above, at are in.
60 3 16 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or perticutar kind of work done, as SPINNER,	Syphilis
SAWYER, BOOKKEEPER, etc	The fictions ownery willies?
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business In which work was done, as SILK MILL, Housewife SAW MILL, BANK, etc  11. Total time (years)	Jug perleusion ?
Date deceased last worked at this occupation (month end spent in this occupation year)	
Belte Citi	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	Tulance and believe Thete
13. NAME rinknow	(1/1/2)
13. NAME Unknown  14. BIRTHPLACE (city or town) - 1	Name ol operation Q Date of
(State or country) Arward to	What test confirmed diagnosis? Classical. Was there an autopsy? Rut
15. MAIDEN NAME Virginia If illiams	23. Il death was due to external causes (VIOLENCE) fill in elso the lollowing:
15. MAIDEN NAME Virginia Hilliams  16. BIRTHPLACE (city or town) - 7 from 15.	Accident, suicide, or homicide? Date of Injury, 19
(State or country) Sound To.	Where did injury occur?
17. INFORMANT Howard Bouldin (Address) Bustustown md,	(Specify city or town, county and State) Specily whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Plece St. Jukes Date ON 10, 1937	Neture of Injury
19. UNDERTAKER IF Pline & Sons	24. Was disease or injury In eny way related to occupetion of deceased? hw
(Address) Rustiston My	Il so, specily
20. FILED OUG, 1937 That see	(Signed) (Risterstaurn) md

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis MOV 3 931	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
	18			
Other contributory causes of importance:		Other contributory causes of importance:	74241	
Gallstones	May 1,1923	Gastroenteritis	1 year	

stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA. ARD. Every item of infor-UNFADING INK-THIS IS A PERMANENT RE MARGIN RESERVED FOR BINDING CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. AGE should be mation should be carefully supplied. TION is very important.

### STATE OF MARYLAND—CERTIFICATE OF DEATH

1	PLACE OF	DEAT	ГН				
1	County Baltimore					Registration Dist. No.	1
Village or City_Rosedale						No. Philadelphia Road st.	Ward
,						death occurred in a hospital or institution, give its NAME instead of street and nu	mber)
			ty or town where d			ds. How long In U.S. if of foreign birth?yrsmos.	ds.
2	. FULL NAM					If U. S. Veteran, specify WAR	
	(a) Residence	e: No	Philade:	Lphia R		St., Ward.  If nonresident give city or town and S	inte
promote	PERSON	AL AN	D STATISTI			MEDICAL CERTIFICATE OF DEATH	tate
3. 3	SEX		R OR RACE	5. SINGLE, MA	RRIED, WIDOWED,	21. DATE OF DEATH	
	Female	W	nite	or Divorci	ED (write the word)	October 22	193.7
	If married, widowe			11200	1104		(Yeer)
	(or) WIFE of	Cha	arles H	Tumbl	eson	22.   HEREBY CERTIFY That t attended de	
	ATE OF DIRECT	17.77				last saw h	,
	AGE Year		Months	Davs	1879	to heve occurred on the date steted above, at 1 • 50 Pem.	oeeru iz zaid
	58		Λ	16	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance	
9 Trade profession or particular			1 10	ormin.	were as follows:	Oate of onset	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. At Home 9. Midustry or business in which work was done as SILK MILL					e	(nidio) escelas Romal Deseall	1-41.
	9. Industry or b	done, as S	which SILK MILL,				
occu	10. Date decease	L, BANK, e	etc	II Total	time (years)	leveral Apoplexy	
ŏ	this occup	ation (mo	nth and	Sp	ent in this		
					· · · · · · · · · · · · · · · · · · ·	Other Contributory Causes of Importance:	
Iz. BIRTHPLACE (city or town) Baltimore Co. (State or country) Marvland				_	Qa	Jan San San San San San San San San San S	1 de
2	I3. NAME		ederick			my cuma may riever	
FATHER			Dol14	timore	County	None of countries	
FA	14. BIRTHPLACE (State or		Maryla			Name of operation Date of What test confirmed diagnosis? Was there an au	
ER	IS. MAIDEN NAM	ΛE		schmu	ck	23. If death wes due to external causes (VIOL ENCE) fill in atso the following:	opsy:
MOTHER	16 BIRTHPLACE	(city or to	wn Unknow			Accident, suicide, or homicide? Date of Injury	19
W	(State or		Gern			Where did injury occur?	
17. INFORMANT Mrs. Mabel Kistner (Address) Rosedale Md.					r	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	E.
18. BURIAL, CREMATION, OR REMOVAL			0.1	0011	Manner of injury		
PlaceLoudon Park Cem. Dat Oct. 26th. 19 37				n.DateOct.	26th, 19 37	Nature of Injury	
19. UNDERTAKER Tusquil garahu plan (Address) 7401 Belsin Road					* low	24. Wes disease or injury in any wey related to occupation of deceased?	10
20. FILED 10/25 , 1837 John B. Connelly Registre.					Registral.	(Signed) (Address) 156 M. Militan Clue	M. D.
			If more	blanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage NOV 4 1931	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Every item of information should be carefully supplied. ACE chould be stated EXACTLY, PHYSICIANS should existe CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD BINDING PERMAN A FOR IS UNFADING INK--THIS RESERVED MARGIN WITH LAINLY WRIT

No

77

m

ż

PLACE OF DEATH  County Balluna	STATE OF M CERTIFICATE	
	Registration I	Dist. No.
Village or City 1 ann (No. Come Vings		(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE O	F DEATH
Fernale Will Single, MARRIED, Single WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Octuber 2 (Month)	(Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I atte	ended the deceased from
October 2 6 , 1937 (Year)	that I last saw halive on	
7 AGE Premature birth   If LESS than I day hrs.	and that death occurred on the date stated The CAUSE OF DEATH * was as follows:	above, atm,
8 OCCUPATION (a) Trade, profession or varticular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Miscurry of alond fund dead in stre	2 marchs:
9 BIRTHPLACE (State or country) Manyland	Contributory Secondary  Q. (Durstion)	vys mos ds.
10 NAME OF FATHER Vn llnow	(Signed) J. O. Selland 6.726 193.7 (Address) 1 M	w mg.
OF FATHER (State or country) Unknown	*State the Lissase Causing Death, Violent Causes, state (1) Means of Inj Accidental, Suicidal or Homicidal.	or, in deaths from ury and (2) Whether
OF MOTHER Unknown	18 LINGTH OF RESIDENCE (For Hospit	
13 BIRTHPLACE OF MOTHER (State or Country)  Vinking or	At place In the of deathyrsmosds, State	yrsds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h?	. 0 = 0 = 0 = 0 = 0 = 0 = 0 = 0 = 0 = 0
(Informant)	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
(Address)		, 19
Filed 192 not Signed by WE. Van Storn W. Begistras	20 UNDERTAKER	ADDRESS
If more banks are needed, addre.s tate kegistras	r, 16 W. Saratoga St., Balto., Requesting V. S	. 1.0. 1.

(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quoscupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an the first line will be sufficient, e.g., Farmer or Planter, tion applies to e.ch and every person, irrespective cf gaged in domestic service for wages, as Servant, Cook household only (not paid Housekeepers who receive a Never return "Laborer," "For man," "Manager," "Deal-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, worked on may form part of the second statement. report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-(b) Automobile factory. The material 6 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Sinal meningitis"); Diphtheria (avoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

telanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death (secondary or intercurrent) affection need not be st.ted unless important. Example: Measles (disease American Medical Association.) approved by carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertlonitis," etc. "E.haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e. g., sepsis, and qualify as accidental, suicidal or Homicidal, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-Whooping cough; "Atrophy," "Collapse," "Com2," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJULY Committee on Chronic valvular heart disease; nephrilis, etc. The contributory Nomenclature of the

It this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

### STATE OF MARYLAND-CERTIFICATE OF DEATH

q1	10	10%	10	( )
- 1	11		U	
- A	13	10	0	~

1. PLACE OF DEATH	93-6
County Walla.	Registration Dist. No.
Village or City Kustustown	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
1/	losds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME annie M. Van Sa	nf U. S. Veteran, specify WAR
(a) Residence: No. Lustus town (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
J. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of Or WIFE of Hym. Naw fant	22. 1/HEREBY CERTIFY, That/I attended deceased from  1/10/12/19/7/19/7/19/7/19/7/19/7/19/7/19/7/1
6. DATE OF BIRTH (month, day, and year) Queg 16 1865  7. AGE Years Months Days If LESS than	I last saw h. salve on 12/2/37, 19; death is said
7. AGE Years Months Days If LESS than 1 day,hr ormin.	to have occurred on the date stated above, at
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEFER, etc.	mureardina (chronic) 2 4h
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased lest worked at this occupation (mosth and	
10. Date deceased lest worked at this occupation (month end spent in this year) occupation.	
12. BIRTHPLACE (city or town) Carroll Co (State or country)	Other Castributary Canses of importance:
W 13. NAME Durbin	
13. NAME Durbin  14. BIRTHPLACE (city or town)	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Elizabeth  16. BIRTHPLACE (city or town)  (Stete or country)	23. If death was due to externel causes (VIOLENCE) fill in elso the following:  Accident, suicide, or homicide?
17. INFORMANT Me Pladge Stansfeld (Address) Rustintour Mid	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Fullium Com. Date Oct. 25, 193	Manner of Injury
19. UNDERTAKER J. F. Eline & Sons (Address) Bustinstown Md.	24. Was disease or injury in any wey related to occupetion of deceased?  If so, specify
20. FILED Det 23, 19 37 Of Cons and Registrar.	(Signed) MM. D  (Address) Music Andrew MM. D

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

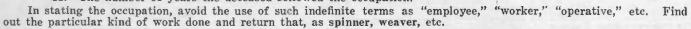
To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.



In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

## STATE OF MARYLAND—CERTIFICATE OF DEATH

	D. Every item of infor- SICIANS should state	tatement of OCCUPA.
•	RECOR	Exacts
MARGIN RESERVED FOR BINDING	B.—WRITE PLANLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA. TION is very important. See instructions on back of certificate.
3. No. 1	B.—WRITE PLAKELY mation should be ca	CAUSE OF DEATH

1.	PLACE OF	F DEAT	гн			23 / 0	
	County	Balt	imore			Mt. Wilson Branch Md. 32	,
/	Village pr Ci	ity I	Mount W	ilson		Mt. Wilson Branch, Md.  ND. Tuberculosis Sanatorium, death occurred in a hospital or institution, give its NAME instead of street and	Ward
/		•			(lf	death occurred in a hospital or institution, give its NAME instead of street and	number)
					yyrsVmos	ds. How long in U.S. if of foreign birth?yrsm	osds.
2.	FULL NA	ME	John Wa	allace		If U. S. Veteran, specify WAR	
	(a) Residence	ce: No	1530	Eastern	Avenue	st, Ward. Baltimore, Md.	
_	BEDGON	A1 AN	D CTATICAL	(Usual place		If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	State
3. S			D STATISTI		RIED, WIDOWED,	21. DATE OF DEATH	
3. 3				OR DIVORCE	D (write the word)	October 27	. 193 7
Se.	Male		hite	Mar	ried	(Month) (Dey)	(Yaar)
Je.	HUSBAND of (or) WIFE of	So	phia Wa	llace		22. I HEREBY CERTIFY, That I attended October 25th, 1937, toOctober 27th	deceased from
			A22	and 9	1895	1 last saw him eliva on October 27th 1937	
7. A			, and yeer) Au	Days	If LESS then	to heve occurred on the dete stated above, at 12.15Pm.	_; deeth is said
					1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
		2	2	19	ormin.	were es follows:	Date of onset
NO	8. Trade, profes	ork done,	es SPINNER, PER, etc	Welder		Pulmonary Tuberculosis	July
OCCUPATION	. Industry or	business in	which		• • • • • • • • • • • • • • • • • • • •	The state of the s	1937
5	SAW MIL	s done, es S L, BANK, a	ILK MILL,	Unkno		-	-1-4-67
8	1D. Date decaase	ed last wor	ked at oth and	11. Total ti	ime (years) nt In this upation Unknow		-
7	yaar)	Unkn	own	0001	pation Unkno	Other Contributory Causes of Importence:	
12.	BIRTHPLACE (cit	ty or town).	Balt	imore,		Sillot State of Importance.	0c+
<u></u>	(Stete or cour			Marylán	d	Tuberculous Laryngitis	1937
ER	13. NAME	Geor	ge Wall	ace		Gengrene of the Lung	1937 Oct. 1937
FATHER	14. BIRTHPLACE	(city or to	wn) Un	known.		Nama of operation None Data of	1-4-1
-	(Stete or	country)	Pol	and.		What tast confirmed diagnosis? X= Tay and Wes there an	eutopsy? No
MOTHER	15. MAIDEN NA	ME K	atherin	e Wojci	k	What test confirmed diagnosis? X = TBYBNd _ Wes there an CUDETCLE DECILIT WETE TOUNG IT 23. If death wes due to external causes (VIOLENCE) fill in also the following	spuce
5	16. BIRTHPLACE	(city or to		known,		Accidant, suicida, or homicide? Date of Injury	
X	(Stata or	country)	P	oland.		Where did injury occur?	
17.	INFORMANT		nor Peat. Wils	rson		(Specify city or town, county and States Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
18.	BURIAL, CREMAT			m -	43.	Mennar of Injury	
	Plece Ste.	Stance	slows Con	2 Dete UC	150 ,1937	Netura of Injury	
	UNDERT	Orla	1.10	das	0	24. Was disease or injury in any way taleted to occupation of decaased?	No
19.	(Address)	28/1	Thirdso	w St :	Fallo. Md	If so, spacify	0
	Oct	11	31 1.	Janet	lo-01 in	(Signad) to hy M. Duet	K M.D.
20.	FILED OCT.	1-f-,	192	Munice )	Malacing	Mt. Wilson, Md.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
The state of the s	3. 1		-114
Other contributory causes of importance:		Other contributory causes of importance:	2
Gallstones	May 1,1923	Gastroenteritis	1 year

S. No.

: 0 :

ctions on back	TION is very important. See instructions on back of certificate.  110. Is MOTHER FATHER 7. OCCUPATION 7.
	MOTHER   FATHER

STATE OF MARYLAND-CERTIFICATE OF DEATH . PLACE OF DEATH Baltimore Registration Dist No. Village or City Mt. Wilson No. Tuberculosis Sanatoriumst,
(If death occurred in a hospital or iostitution, give its NAME instead of street and number) Length of residence In city or town where death occurred 0 vrs 2 mos. 29 ds. How long in U.S. if of foreign birth? vrs. mos. ds. R. FULL NAME Mrs. Anna L. Watts If U. S. Veteran, specify WAR If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) October emale White Widowed If merried, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That I attended deceesed from William F. Watts (or) WIFE of 1937 toOctober 15th 19 37 alive on October 15th 1937 : deeth is said DATE OF BIRTH (month, day, and yeer) October to heve occurred on the dete stated above, at 3: 15P.m. AGE Yeers If LESS then Months Devs 1 dev.\_\_\_\_hrs. The PRINCIPAL CAUSE OF DEATH end releted causes of importance or .... min. Date of onset 8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc..... home only II. Totel time (yeers) 10. Dete deceesed lest worked et this occupation (month end spent in this yeer) \_\_\_\_\_ occupetion \_ Lankford BIRTHPLACE (city or town) \_\_\_ (State or country) Maryland Thomas 13. NAME Kent County. Name of operation ... 14. BIRTHPLACE (city or town). (Stete or country) Maryland, What test confirmed diegnosis? Was there an autopsy?\_ Susan Maslin 15. MAIDEN NAME Kent County Accident, suicide, or homicide?\_\_\_\_\_\_ Date of injury\_\_\_\_\_\_ 19 16. BIRTHPLACE (city or town) .... (Stete or country) (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. INFORMANT son (Address) BURIAL CREW Neture of injury 24. Wes disease or injury in any way related to occupation of deceased? If so, specify (Signed) Mt. Wilson Md. Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
HOV 9 1937		197	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	
							_

# CTATE OF MADVI AND

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(958)
County Bd + 1 marc D	Registration Dist. No.
Village or City 5000 0000 16111	No. 618 T Short or War
Length of residence In city of Jown whare death occurred	f death occurred in a hospital or institution, give its NAME instead of street and number)  s
2. FULL NAME JEG FRO White	
(a) Residence: No. (6 T 8 heat (Usual place of abode)	St., Ward.  Il nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (Nife) Otivia White	22.   HEREBY CERTIFY, That I ettended deceased fro
6. DATE OF BIRTH (month, day, and year) Sch 35 1881	I last saw h. Liva. alive on Set 8 1980 death is sa
7. AGE Years Months Days, If LESS than	to heve occurred on the dete stated above, at
56 — 11 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	The PRINCIPAL CAUSE OF DEATH and related causas of importance wera as follows:
Refrance profession or particular	Data of onea
SAWYER, BOUKKEEPER, etc.	Acute Head aduline 1891
9. Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, atc  10. Date deceased last worked at this occupation (month and year)  11. Total time (years) spant in this occupation	(92018-26NT) DIZE985 1891
1011	Other Cantributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	A +
# 13. NAME Jack White	121862108618012
13. NAME Ode T Vota 4 C	Nama of operation
(State or country)	What test confirmed diegnosis? 11 Y 1 C 0 Was there an autopsy? 1
15. MAIDEN NAME TOO 1	23. If death was due to external causes (VIDL ENCE) fill in also the following:
15. MAIDEN NAME STORY  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Data of injury19
(State or country) Ponor	Where did injury occur?
17. INFORMANT 18 & Olivia White Wife	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, GREMATION OF REMOVAL	Manner of injury
Place 1 (1937)	Nature of injury
19. UNDERTARER Jame 1 Bottonse Vory	24. Was disease or injury In any way related to occupation of deceased?
(Address) 638. N. Filmer	If so, specify
20. FILED CON // 1937 4 f Welomican me	(Signed) M. [
Registrar.	(Address) 1933/1000 (000)

stated EXACTLY. PHYSICIANS should state WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforproperly classified. FOR BINDING TION is very important. See instructions on back of certificate. IARGIN RESERVED CAUSE OF DEATH in plain terms, so that it may be AGE should be mation should be carefully supplied. N. B.-WRITE

Exact statement of OCCUPA.

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting U. S. Na. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as groccry store, soan factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1, 1923	Gastroenterilis	1 year
		00	1

V. S. No. 1 N. B.—

1. PLACE OF DEATH  County Substance Coun		111	STATE C	OF MAR	YLAND-	CERTIFICATE OF DEATH	11767
Village or City. Torrotern  No. Supplied of Survey 12 (If death occurred in Reptale or institution, ave in NAME instead of street and number)  2. FULL NAME. Robert Stern Wissensell of Steven Wissensell or Steven Wissensell or Steven Wissensell or Steven Steven Wissensell or Wissensell or Steven Wissensell or Wissens	1	1. PLACE OF D	EATH			920 100 10	0201
Village or City. Torrotern  No. Supplied of Survey 12 (If death occurred in Reptale or institution, ave in NAME instead of street and number)  2. FULL NAME. Robert Stern Wissensell of Steven Wissensell or Steven Wissensell or Steven Wissensell or Steven Steven Wissensell or Wissensell or Steven Wissensell or Wissens		County 5	altern	ne		Registration Dist. No.	
Length of residence in city or fown where death occurred.  VIT. T. mos.  d. How long in U. S. It of foreign birth?  VIE. SCAN Feel  (a) Residence: No. New Mercard Metal.  (burlipher of above?  PERSONAL AND STATISTICAL PARTICULARS  S. SEX  4. COLOR OR RACE  S. SNGLE MARRIED, WIGOWED,  White  Single  Single  Single  Single  Single  Single  Cord Wife of  A 15 169,	1			en	_		Ward Ward
2. FULL NAME Robert Stern Wessenfeld  (a) Residence: No. New Horward Hold  (bundplace of abodo)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  S. SINGLE MARRIED, WIDOWED, OR DIVORCED (write the word)  Male  St. II married, widowed, or divorced (criv the word)  St. II married, widowed, or divorced (criv Wife of criv) Wife of (criv Criv) Wife of (criv) Wife of (criv) Wife of (criv) Wife of (criv Criv) Wife of (criv) Wife of (c			Commence of the second		/ //	f death occurred in a hospital or institution, give its NAME instead of street and r	
(a) Residence: No. New Howard Williams (Unual place of shote)  PERSONAL AND STATISTICAL PARTICULARS  J. SEX  4. COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  St. III married, widowed, or divorced (or) WIFE of OR DIVORCED (write the word)  St. III married, widowed, or divorced (or) WIFE of Or DIVORCED (write the word)  S. III married, widowed, or divorced (or) WIFE of Or DIVORCED (write the word)  S. DATE OF RIRTH (month, day, and year) June 6, 1861  7. AGE Verr Months  PERSONAL AND STATISTICAL PARTICULARS  S. Harried, widowed, or divorced (or) WIFE of Or DIVORCED (write the word)  S. DATE OF RIRTH (month, day, and year) June 6, 1861  7. AGE Verr Months  S. Trade, profession, or particular wind of work done, as SPINNER, BOUNKEFER, sec.  J. DATE OF RIRTH (month, day, and year) June 6, 1861  7. AGE Verr Months  S. Trade, profession, or particular wind of work done, as SPINNER, BOUNKEFER, sec.  J. Modestry or business in which ship of work done, as SPINNER, BOUNKEFER, sec.  S. Months, BOUNKEFER, sec.  J. Modestry or business in which ship or bu			01	1 11	1 . 1 .		osds.
PERSONAL AND STATISTICAL PARTICULARS  J. SEX  4. COLOR OR RACE  White  Single  Single  Single  Corb Wiff of White  Single  Sin	:			A	rh we	senfela	1. 1
PERSONAL AND STATISTICAL PARTICULARS  J. SEX    COLOR OR RACE   S. SINGLE, MARRIED, WIDOWED, ORD INVOKED Own: the word)   Single   Single		(a) Residence: N	10. New He	rward A	will !		med.
3. SEX   4. COLOR OR RACE   S. SINGLE, MARRIED, WIDOWED, OR DYORCED (write the word)  Sa. It straight, widowed, or divorced (cr) wife of (cr) wife o	-	PERSONAL	AND STATIST				State
Mole White Single  5a. If married, widowed, or divorced (Month) (Day)  193 (Month) (Day)  194 (Month) (Day)  195 (Month) (Day)  195 (Month) (Day)  195 (Month) (Day)  196 (Month) (Day)  197 (Month) (Day)  198 (Month) (Day)  199 (Month) (Day)  199 (Month) (Day)  190 (Month)  1	3.			1			
53. If married, widowed, or divorced (or) Wife of  54. If EREBY CERTIFY, That I attended decessed from (or) Wife of  55. DATE OF BIRTH (month, day, and year) June 6, 1861  76. DATE OF BIRTH (month, day, and year) June 6, 1861  78. Trade, profession, or particular, and to have occurred on the date stated above, at 19. J. death is said to have occurred on the date stated above, at 19. J. death is said to have occurred on the date stated above, at 19. J. death is said to have occurred on the date stated above, at 19. J. death is said to have occurred on the date stated above, at 19. J. death is said to have occurred on the date stated above, at 19. J. death is said to have occurred on the date stated above, at 19. J. death is said to have occurred on the date stated above, at 19. J. death is said to have occurred on the date stated above, at 19. J. death is said to have occurred on the date stated above, at 19. J. death is said to have occurred on the date stated above, at 19. J. death is said to have occurred on the date stated above, at 19. J. death is said to have occurred on the date stated above, at 19. J. death is said to have occurred on the date stated above, at 19. J. death is said to have occurred on the date stated above, at 19. J. death is said to have occurred on the date stated above, at 19. J. J. death is said to have occurred on the date stated above, at 19. J. J. death is said to have occurred on the date stated above, at 19. J. J. J. death is said to have occurred on the date stated above, at 19. J. J. death is said to have occurred on the date stated above, at 19. J. J. death is said to have occurred on the date stated above, at 19. J.						October 21	193 7
6. DATE OF BIRTH (month, day, and year) June 6, 1861  7. AGE Years Months Days II LESS than 1 day fr. fr. min. 2 day fr. fr. fr. min. 2 day fr. fr. fr. min. 2 day fr. fr. fr. fr. fr. min. 2 day fr. fr. fr. fr. fr. fr. fr. fr. fr	-	44		Singl	e	(Month) (Day)	(Year)
S. DATE OF BIRTH (month, day, and year) June 6, 1861  7. AGE Years Months Days ITLESS than 1 day,		HUSBAND of (or) WIFE of	3170,000				deceased from
7. AGE  Years  Months  76  4  15  1day,	_					June 10 ,1936, 10 Oct 21	, 193.7.
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKEPER, etc., None  9. Industry or business in which society of the society of	6.	DATE OF BIRTH (mont	h, day, and year) Jui	ne 6, 186	1	I last saw h Letter alive on feet 2/ 19 7	; death is said
8. Trade, profession, or particular sind of work done, as SPINNER, SAWYER, BOOKKEPER, etc None	7.	AGE Years	Months	Days			
S. Trade, profession, or particular sind of work done, as SPINNER. SAWTER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAWTER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAWTER, BOOKKEPER, etc.  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town). Baltimore, Marylande.  (State or country)  13. NAME Moses Wiesenfeld  14. BIRTHPLACE (city or town). Germany.  (State or country)  What test confirmed diagnosis? Was there an autopsy?Yes.  15. MAIDEN NAME Betz Friennwall  16. BIRTHPLACE (city or town). Germany.  (State or country)  What test confirmed diagnosis? Date of Injury.  (State or country)  Where did injury occur?  Specify whether injury occurred in INDUSTRY, in flome, or in PUBLIC PLACE.  Manner of injury.  Name of injury.  Nature of injury.  Natur		76	4	15		I THE FRINCIPAL CAUSE OF DEATH and related causes of importance	Data of open
Other Contributory Causes of importance:  12. BIRTHPLACE (city or town) Baltimore, Marylande (State or country)  Arteriosclerosis. Several  14. BIRTHPLACE (city or town) Germany Name of operation. Dete of State or country)  15. MAIDEN NAME Betz Friennwall  16. BIRTHPLACE (city or town) Germany Accident, suicide, or homicide? Date of Injury Nese did injury occurr? (Specify city or town, country and State)  17. INFORMANT Hospital Record (Address)  18. BURIAL, CREMATION OR REMOVAL Place Dallo Hab. Can. Date 10 - 24 - 1927.  19. UNDERTAKER Dand Date 10 - 24 - 1927.  19. UNDERTAKER Dand Date 10 - 24 - 1927.  19. UNDERTAKER Dand Date 10 - 24 - 1927.  20. FILED DATE (Signed) (Rodress)  Manner of injury in any way related to occupation of deceased? (Rodress)  Manner of injury (Signed) (Rodress)  Manner of injury in any way related to occupation of deceased? (Rodress)  Manner of injury (Signed) (Rodress)  Manner of injury in any way related to occupation of deceased? (Rodress)  Manner of injury (Signed) (Rodress)	N	kind of work d	IODO OO CDIMMED			Chronic myocarditis and	
Other Contributory Causes of importance:  12. BIRTHPLACE (city or town) Baltimore, Marylande (State or country)  Arteriosclerosis. Several  14. BIRTHPLACE (city or town) Germany Name of operation. Dete of State or country)  15. MAIDEN NAME Betz Friennwall  16. BIRTHPLACE (city or town) Germany Accident, suicide, or homicide? Date of Injury Nese did injury occurr? (Specify city or town, country and State)  17. INFORMANT Hospital Record (Address)  18. BURIAL, CREMATION OR REMOVAL Place Dallo Hab. Can. Date 10 - 24 - 1927.  19. UNDERTAKER Dand Date 10 - 24 - 1927.  19. UNDERTAKER Dand Date 10 - 24 - 1927.  19. UNDERTAKER Dand Date 10 - 24 - 1927.  20. FILED DATE (Signed) (Rodress)  Manner of injury in any way related to occupation of deceased? (Rodress)  Manner of injury (Signed) (Rodress)  Manner of injury in any way related to occupation of deceased? (Rodress)  Manner of injury (Signed) (Rodress)  Manner of injury in any way related to occupation of deceased? (Rodress)  Manner of injury (Signed) (Rodress)	TIC	SAWYER, BOO	KKEEPER, etc	lone		myocardial degeneration.	64 mos
Other Contributory Causes of importance:  12. BIRTHPLACE (city or town) Baltimore, Marylande (State or country)  Arteriosclerosis. Several  14. BIRTHPLACE (city or town) Germany Name of operation. Dete of State or country)  15. MAIDEN NAME Betz Friennwall  16. BIRTHPLACE (city or town) Germany Accident, suicide, or homicide? Date of Injury Nese did injury occurr? (Specify city or town, country and State)  17. INFORMANT Hospital Record (Address)  18. BURIAL, CREMATION OR REMOVAL Place Dallo Hab. Can. Date 10 - 24 - 1927.  19. UNDERTAKER Dand Date 10 - 24 - 1927.  19. UNDERTAKER Dand Date 10 - 24 - 1927.  19. UNDERTAKER Dand Date 10 - 24 - 1927.  20. FILED DATE (Signed) (Rodress)  Manner of injury in any way related to occupation of deceased? (Rodress)  Manner of injury (Signed) (Rodress)  Manner of injury in any way related to occupation of deceased? (Rodress)  Manner of injury (Signed) (Rodress)  Manner of injury in any way related to occupation of deceased? (Rodress)  Manner of injury (Signed) (Rodress)	work was done, as SILK MILL,						
Other Contributory Causes of importance:  12. BIRTHPLACE (city or town) Baltimore, Marylande (State or country)  Arteriosclerosis. Several  14. BIRTHPLACE (city or town) Germany Name of operation. Dete of State or country)  15. MAIDEN NAME Betz Friennwall  16. BIRTHPLACE (city or town) Germany Accident, suicide, or homicide? Date of Injury Nese did injury occurr? (Specify city or town, country and State)  17. INFORMANT Hospital Record (Address)  18. BURIAL, CREMATION OR REMOVAL Place Dallo Hab. Can. Date 10 - 24 - 1927.  19. UNDERTAKER Dand Date 10 - 24 - 1927.  19. UNDERTAKER Dand Date 10 - 24 - 1927.  19. UNDERTAKER Dand Date 10 - 24 - 1927.  20. FILED DATE (Signed) (Rodress)  Manner of injury in any way related to occupation of deceased? (Rodress)  Manner of injury (Signed) (Rodress)  Manner of injury in any way related to occupation of deceased? (Rodress)  Manner of injury (Signed) (Rodress)  Manner of injury in any way related to occupation of deceased? (Rodress)  Manner of injury (Signed) (Rodress)	SC	10. Date deceased las	t worked at	11. Total t	ime (years)		
12. BIRTHPLACE (city or town) Baltimore, Marylande (State or country)  13. NAME Moses Wiesenfeld  14. BIRTHPLACE (city or town) Germany Name of operation Dete of (State or country)  15. MAIDEN NAME Betz Friennwall  16. BIRTHPLACE (city or town) Germany Accident, suicide, or homicide? Date of Injury New did injury occur?  17. INFORMANT Hospital Record (Address)  18. BURIAL, CREMATION, OR REMOVAL Place Date of Injury Nature of injury Nature of injury  19. UNDERTAKER Accident, Suicide, or homicide? Specify city or town, county and State)  Manner of injury Nature of injury  19. UNDERTAKER Accident, Suicide, or homicide? Specify city or town, county and State)  Manner of injury Nature of injury  19. UNDERTAKER Accident Specify Country in any way related to occupation of deceased? If so, specify (Signed)  M. D. Accident, Suicide, or homicide? Specify city or town, county and State)  Manner of injury Nature of injury  19. UNDERTAKER Accident Specify (Signed)  M. D. Accident Specify (Signed)							
State or country    13. NAME   Moses Wiesenfeld   Years Agg,     14. BIRTHPLACE (city or town)   Germany   What test confirmed diagnosis?   Was there an autopsy?Yes.     15. MAIDEN NAME   Betz Friennwall   23. If deeth was due to external causes (VIOLENCE) fill In also the following:     16. BIRTHPLACE (city or town)   Germany   Accident, suicide, or homicide?   Date of Injury   19.     17. INFORMANT   Hospital Record   Specify city or town, county and State)   Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.     18. BURIAL, CREMATION OR REMOVAL   Place   Jack Agriculture   Jack Agricult	12	RIPTHPI ACE (city or t	Baltimo	re. Marv	land.	Other Contributory Causes of importance:	
13. NAME Moses Wiesenfeld  14. BIRTHPLACE (city or town) Germany (State or country)  15. MAIDEN NAME Betz Friennwall  16. BIRTHPLACE (city or town) Germany (State or country)  17. INFORMANT Hospital Record (Address)  18. BURIAL, CREMATION OR REMOVAL (Place Ballo Fib. Date 16 - 24 , 1937  19. UNDERTAKER (Badress)  20. FILED  11. INFORMANT Agritant Record (Address)  12. Was there an autopsy?Yes.  Was there an autopsy?Yes.  23. If deeth was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide? Date of Injury.  Where did injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  Manner of injury  Nature of injury.  Nature of injury.  24. Was disease or injury in any way related to occupation of deceased?  If so, specify (Signed)  (Address)  M. D.  Address	840		v#ii/	201919111111111111111111111111111111111	THE COURT OF THE C	Arteri osclerosi s.	Kewanal
15. MAIDEN NAME Betz Friennwall   16. BIRTHPLACE (city or town)   Germany   Accident, suicide, or homicide?   Date of Injury   Date of Injur	ER	13. NAME MO	ses Wiesenf	'eld			
15. MAIDEN NAME Betz Friennwall   16. BIRTHPLACE (city or town)   Germany   Accident, suicide, or homicide?   Date of Injury   Date of Injur	ATH		_				1.36.36363
15. MAIDEN NAME Betz Friennwall  16. BIRTHPLACE (city or town) Germany (State or country)  17. INFORMANT Hospital Record (Address)  18. BURIAL, CREMATION OR REMOVAL Place Balso Hospital Record (Address)  19. UNDERTAKER (Address)  20. (ILED Contact of the property of the	F						utopsy?Yes
Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION OR REMOVAL  Place Gallo How. Date 10 - 24 -, 1937  19. UNDERTAKER  (Address)  24. Was disease or injury in any way related to occupation of deceased?  (Signed)  (Signed)  (Signed)  (Address)  Manner of injury  (Signed)  (Signed)  (Address)  M. D.	ER	15. MAIDEN NAME	Betz Frienn	wall			
Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION OR REMOVAL  Place Gallo How. Date 10 - 24 -, 1937  19. UNDERTAKER  (Address)  24. Was disease or injury in any way related to occupation of deceased?  (Signed)  (Signed)  (Signed)  (Address)  Manner of injury  (Signed)  (Signed)  (Address)  M. D.	011	16. BIRTHPLACE (city	or town) Ger	many			
17. INFORMANT Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION OR REMOVAL Place Sallo How. Curs. Date 10 - 24, 193-7.  19. UNDERTAKER Security Secu	Σ					Where did injury occur?	
(Address)  18. BURIAL, CREMATION OR REMOVAL Place Gallo Hard. Date 10 - 24 -, 193-7.  19. UNDERTAKER (Address)  20. (ILED 1997)  20. (ILED 1997)  (Signed)  (Address)  (Address)  (Signed)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)	17.	INFORMANT HO	spital Rec	ord		(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PL/	e) ACE.
Place Balso Heb. Given. Date 10 - 24, 1937 Nature of injury.  19. UNDERTAKER 1932 English 1932 (Address) 1932 English 1932 (Signed) (Signed) (Signed) (M.D. Address) 1932 English 1932 (Registrar.)		(Address)					
19. UNDERTAKER Description of deceased?  (Address) 932 Europhilip 1	18.	000	1106	10	a /.	Manner of injury	
(Address) 1962 Euth M. D. (Signed) (Signed) (Address) M. D. (Address) (Address) M. D.	_	Place_FOOLS	yeu ann	Date	24, 193./	Nature of injury	
20. (ILED CATT) 37 IL CANTALL (Signed) (Signed) (Address: Address:	19.	UNDERTAKER _ A.	Sandhi	life & Sa	1	24. Was disease or injury in any way related to occupation of deceased?	
20. (Registrar.) (Address) Pattered?		(Address) (9)	12 Eutoy	and I	11/1	If so, specify	
	20.	THED ELTY	37/18/1	Alfrall 1	Willow	(Signed)	M. D.
			- h	rowtyp.		(Address Pathwell 10)	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Dafe of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

of OCCUPA-

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1076
1. PLACE OF DEATH	(97)
County Ballimine	Registration Dist. No. 35
Village or Dity White Itall Ind	
(If	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME Robert A. William	
(a) Residence: No. Whethe Health and (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male word)	(L) 14 193 7
5a. If merried, widowed, or divorced	(Mônth) (Daý) (Yéar)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
0 6 16	,19.2 £, to CO T / 4 , 19.3 )
6. DATE OF BIRTH (month, dey, and year) July 55 -/8 49	I last saw h alive on 220, 19.37; death is sai
7. AGE Years Monthly Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
88 2 9 ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	5 ±
SAWYER, BOOKKEEPER, etc.	asterio Selesono 6 mg
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business In which work was done, as SILK MILL, Whulumyhh SAW MILL, BANK, etc.	
11. Total time (years)	
this occupation (month and spant in this occupation	
12. BIRTHPLACE (city or town) Lemshlung	Other Coutributory Causes of importance:
(State or country)	
13. NAME lan known	
14. BIRTHPLACE (city or town).	Name of operation Date of
(State or country)	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Combonous	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Information  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?
(State or country) Kynishing Va	Where did injury occur?
Bactoto Walker Bund	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
17. INFORMANT Sales Co. Wayrule Sul.	
18. BURIAL, CREMATION, OB REMOVAL	Manner of Injury
Place Wiedows Leng Date Och. 16, 13)	Neture of Injury
19. UNDERTAKER P. Marklins fow.	24. Wes disease or injury in any way related to occupation of deceased?
(Address) White Hall hul	If so, specify
20. FILED Clas / 5 , 19 37 m. Borting m. J.	(Signed) Inham Bother M.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	NAME OF THE PERSON OF THE PERS		Example II	
The principal cause of death and relation of importance were as follows:	sted causes.	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	0 1937	1975	Attack of epilepsy	1 week ago
Chronic interstitial nephritis NOV	0 100	1931	Run over by street car	1 week ago
Cerebral hemorrhage	W. V.	July 5 1927	Peritonitis	3 days ago
BUX				
Other contributory causes of importa	ince:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				- 7

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10703
1. PLACE OF DEATH	53.A)
County Vallenou m	Registration Dist. No.
Village or City Parrows Point	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of rasidence in city of town where daath occurred yrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Jelicia Milso	<b>~</b>
(a) Residence: No. 100 T Study, Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH O 1 2 1 1 1 9 3, 193
5a. If marriad, widowed, or divorcad HUSBAND of	(1001)
(Or) WIFE of Edward Wilson	22. I HEREBY CERTIFY, That I attandad accessed from
6. DATE OF BIRTH (month, day, and year) Tun 6 the 1880	John 1. 19. 1. 19. 19. 19. 19. 19. 19. 19. 1
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw h
57 9 15 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trada, profession, or particular	were as follows:
kind of work done, as SPINNER. Houseunfe	Carcia - 200 Al 2 String
S. Hade, professing, or particular kind of work done, as SPINNER. SAWYER, BOOKKEEPER, atc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.  10. Data deceased last worked at this securation (month and	The state of the s
SAW MILL, BANK, atc	
O 10. Data dacaased last worked at this occupation (month and year) spant in this occupation	
12. BIRTHPLACE (city or town) Seepulle Va	Other Contributory Causes of Importance:
(State or country)	wn
14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Date of
(Stata or country)	What tast confirmed diagnosis? Was there an autopsy? No
E 15. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (Stata or country)	Accident, suicide, or homicide?Data of injury
17. INFORMANT 2 dua Farour	Where did injury occur?(Specify city or town, county and State) Spacify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL / G Date Oct. 23, 1937	Mannar of injury
19. UNDERTAKER Chibald Gaddis  (Address) Balt	24. Was diseasa or injury in any way related to occupation of dacaasad?
20. FILED Oor 21, 1931 4 Confermicosts, Registras.	(Signad) (Address) (Address) (Address)
Kegistrat.	(Address) V 101 V 9 St pursus Thu

111710

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

FOR BINDING

MARGIN RESERVED

V. S. No. 1

z

/	CERTIFICATE OF DEATH 10770
1. PLACE OF DEATH	
/ county B allimore	Registration Dist. No. 37
Village or City Terfoo	NoBalto las. blimo fouse st., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)    Location
2. FULL NAME William P Wilson	
(a) Residence: No. Jertas Md. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) whate with the windowed)	21. DATE OF DEATH October 1 1937 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Thompson Wilson	22. I HEREBY CERTIFY, That I attended deceased from 1937, to 1937
6. DATE OF BIRTH (month, day, and year) More, 25, 1858	t last saw h Line alive on Oes 6
7. AGE Years Months Days If LESS than I day,	to have occurred on the date stated above, at
/9   10   12   ormln.	Tha PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc Labour Farm	Cerebral New orchage PH 5/2
9. Industry or business In which work was dona, as SILK MILL, Florist SAW MILL, BANK, etc	
11. Total time (years) this occupation (month end year) year) 11. Total time (years) spent in this occupation occupation	Paralysis of right side)
12. BIRTHPLACE (city or town) Balto, Co., 12dis.  (State or country)	Other Contributor Causes of importance:
The state of the s	antero sclerous -
13. NAME Jasefahl Wilson  14. BIRTHPLACE City or town) Batto Co	Name of operation Date of
(State obcountry)	What test confirmed diagnosis? Clerical Was there an autopsy?
16. BIRTHPLACE (city or town) Balto	23. If death was dua to external causes (VIOLENCE) fill In elso tha following:  Accident, suicide, or homicide?
(State or country) Md.  17. INFORMANT Mag Not Biddians	Whera did injury occur?  (Specify city or town, county and State)  Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) 432 n - Rolinson At Ballo.	
18. BURIAL, CREMATION, OR REMOVAL  Place Ebeneses Com Date @ \$7	Manner of injury
Place Ebenezen em Date CX 7, 1937	Nature of injury
19. UNDERTAKER Trederick Josephin (Address) 740 1 Belin Road 1000	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 6 7 , 1937 William J. lehil Con	(Signed) Welsner O, Orssor M.D.  (Address) Cockysville And
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Ì	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
		y.L.	7

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	ADDITIONAL SPACE F	FOR FURTHER	STATEMENTS	BY PHYSICIAL	N
--	--------------------	-------------	------------	--------------	---

N. B.—WRITE PLACELY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	
TE PLANKY, WITH UNFADING INK—THIS IS A PERMANENT RECARD. Every a should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS E OF DEATH in plain terms, so that it may be properly classified. Exact statement is very important. See instructions on back of certificate.	
TE PLANKY, WITH UNFADING INK—THIS IS A PERMANENT RECRESSIONALY, WITH UNFADING INK—THIS IS A PERMANENT RECRESSIONAL Should be stated EXACTLY. PHY E OF DEATH in plain terms, so that it may be properly classified. Exact sis very important. See instructions on back of certificate.	-
TE PLACELY, WITH UNFADING INK—THIS IS A PERMANENT is should be carefully supplied. AGE should be stated EXACTLES OF DEATH in plain terms, so that it may be properly classified. is very important. See instructions on back of certificate.	
TE PLANKLY, WITH UNFADING INK—THIS IS A PER IS should be carefully supplied. AGE should be stated E. E OF DEATH in plain terms, so that it may be properly is very important. See instructions on back of certificate.	
TE PLANKY, WITH UNFADING INK—THIS a should be carefully supplied. AGE should be is OF DEATH in plain terms, so that it may be is very important. See instructions on back of	
TE PLANKY, WITH UNFADING INK—"  should be carefully supplied. AGE should be DEATH in plain terms, so that it mais very important. See instructions on bac	
TE PLANEY, WITH UNFADIN 1 should be carefully supplied. A E OF DEATH in plain terms, so t is very important. See instruction	
TE PLANKTY WITH I should be carefully su E OF DEATH in plain is very important. See	
TE PLAKLY, 1 should be care E OF DEATH is very importa	
TE I sho	
V. S. No. 1 N. B.—WRI  mation CAUS	

County Balto Co'	Registration Dist. No. 3 3
Village or City Hear Kewlerstown	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Robert J. Write	If U. S. Veteran, specify WAR
(a) Residence: No. Thank (Usual place of abode)	Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Bay) (Year)
a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Ret Pattended deceased from
5. DATE OF BIRTH (month, dey, and year)	I lest saw h. C. Stiffer 1997 : deeth is said
7. AGE Years Months Days If LESS than	to heve occurred on the dete steted above, at
2/ 9 /9   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related couses of importance were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, Sastal black SAWYER, BDDKKEEPER, etc.	Outgrabile assistants Custo
9. Industry or business In which work was done, as SILK MILL Post Office SAW MILL, BANK, etc.  10. Date deceased lest worked at this occupation month and spant in this	V Brother of Skul
year) C. LAUJUM L. D.   occupation	Dther Contributory Causes of Importance:
(Stete or country)	
13. NAME Rol B. Wrik	
14. BIRTHPLACE (city or town)	Neme of operation
(State or country) Manyland	Whet test confirmed diegnosis? Wes there an autopsy?
15. MAIDEN NAME Teva Burgoon  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external ceuses (VIOL SNCE) fill in also the following:  Accident, swielde, or hornicide?  Where did injury occur?
7. INFORMANT R. B. C. Which	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Know Chebier  18. BURIAL, CREMATION, OR REMOVAL	Monor of injury & a duard Maters I for my
Place Manchester Mal Date 10 - 19, 1937	Nature of Inform acting Coroner Restanting M.
19. UNDERTAKER Lacol Miller Sofies	24. Was disease or injury in any way related to occupation of deceased?
(Address) / Man hall had	If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-18	Example II	
The principal cause of death and related cause of importance were as follows:	S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
V Salestonian AA W page of			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND—	
County Ballimore	Registration Dist. No. 34
Village or City Halstown	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrs,mosds.
2. FULL NAME Many Elis, Wishes (a) Residence: No. 7 1 1 2 2 1 (Gual place of abode)	2St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR-OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
trude Mile Widow	(Month) (Day) (Year)
5a. If married, widowed or divorced HUSBAND of (or) WIFE of Jro. W. Wisner	22. i HEREBY CERTIFY. That I attended deceased from 1937, told 1, 1937
6. DATE OF BIRTH (month, day, and year ect. 22, 18 5 6	I last saw h 27 alive on Lef , 1937; death is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at IO.10.C., m.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Quebral Hamorthage 9/29/3
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
SAW MILL, BANK, etc	
O 30. Date deceased last worked at this occupation (month and) 29/3 11. Total time (years) spent in this year) ccupation 6 Z	
74 / - 7/	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	In ful yelisono hubum
The state of the s	Ayfrituriore huhmon
I 13. NAME / Tronge Hule	
13. NAME From E Problem 14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) 7	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT MID: L. E. Morford (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Froveston, M. d. Date October 10,1937.	Nature of injury
19. UNDERTAKER 19. 1. 1. 2. Least - (Address)	24. Was disease or injury In any way related to occupation of deceased?
20. FILED OCT 8, 1937 Engene 7 allan	(Signed) Lagray M. Janshy J. M. D. (Address) A Thursday Standy J. M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows.	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<del>- (31)</del>
County Baltymore	Registration Dist. No.
	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth? 24 yrs. mos. ds.
2. FULL NAME Emilia Won sourski	
1/ - ( )	
(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 21. 193. 7
5a. If married, widowed, or divorced HUSBANO of	(Month) (Day) (Year)
(or) WIFE of William Wonsowski	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw h. L. alive on Oct 21 19 37; death is seld
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 6.20P.m.
6 / I day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causas of importance were as follows:
8 Trade profession or particular	Cerebral apoplexy Patrofenset
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Oate deceased last worked at this occupation (month and year)	
0.1.1	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) / arang	arlesworterolas Chiedro-Vasculas
13. NAME	Tunal Miseaso
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of Was there an autopsy?
监 15. MAIOEN NAME , ,	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?Oate of injury, 19
17. INFORMANT Mary Maseynshe	Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) King Jan Stemmers Fun	
18. BURIAL, CREMATION OR REMOVAL Place Holy Rozary Oate Oct 23 d, 1937	Manner of injury
19. UNOERTAKER George di Weber (Addiess) 705 de 2000 de	24. Was disease or injury in any way related to occupation of deceased?
20 FILED CA 22 1927 John & tommelly	(Signed) Magazing arange M. D.
Registrar.	(Address) / Corragale - Muy

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-1	Example II	1 =
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Perilonitis	3 days ago
	11		
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year

Kegistrar

DATE OF BURIAL

ADDRESS

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH.

[Approved by U. S. Census and American Public Health Asso.]

only (not paid Housekeepers who receive a definite tect, Locomotive engineer, Civil engineer, Stationary or term on the first line will be sufficient, e. g. spective of age. For many occupations a single word question applies to each and every person, irreoccupation is very important, so that the relative occupation whatever, write None. state occupation at beginning of illness. If retired or given up on account of the DISEASE CAUSINO DEATH. or At home, and children, not gainfully employed, as salary), may be entered as Housewife, Housework, home, who are engaged in the duties of the household form part of the second statement. Automobile factory. The material worked on may mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) when needed. As examples: (a) Spinner, (b) Cotton vided for the latter statement; it should be used only or industry, and therefore an additional line is prokind of work and also (b) the nature of the business trial employments, it is necessary to know (a) the fireman, etc. But in many cases, especially in indus-Farmer or Planter, Physician, Compositor, Archihealthfulness of various pursuits can be known. The Farmer (retired, 6 yrs.). For persons who have no from business, Housemaid, etc. If the occupation has been changed in domestic service for wages, as Servant, Cook report specifically the occupations of persons engaged At school or At home. Care should be taken to Farm laborer, Laborer-Coal mine, etc. Women at without more precise specification, as Day laborer "Laborer," Statement of Occupation.-Precise statement of "Foreman," that fact may be indicated thus: "Manager," "Dealer," etc., Never return

> INJURY and qualify as accidental, suicidal, or homicidal, or as probably such, if impossible to symptomatic). "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anemia" (merely ary), 10 ds. Never report mere symptoms or terminal stated unless important. diseases resulting from childbirth or miscarriage, as "Uremia," "Weakness," etc., when a definite disease rhage," "Inanition," "Marasmus," "Old age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Hemor vuisions," "Debility" ("Congenital," "Senile," etc.), causing death), 29 ds.; Bronchopneumonia (second-Chronic interstitial nephritis, etc. The contributory wound of head-homicide; Poisoned by carbolic acid ing; Struck by railway train-accident; Revolver determine definitely. Examples: Accidental drown undertaken. "PUERPERAL can be ascertained as the cause. (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; the American Medical Association.) death approved by Committee on Nomenclature of tetanus) may be stated under the head of "Contribufracture of skull, and consequences (e. -probably suicide. The nature of the injury, as State cause for which surgical operation was (Recommendations on statement of cause of for septiccmia," "PUERPEBAL peritonitis," FOR VIOLENT DEATHS State MEANS OF maiignant Example: Measles (disease neoplasms); Always qualify ail g., sepsis, Measles;